ESF # 8 – HEALTH AND MEDICAL SERVICES

Participating Departments/Agencies:

Health and Human Services System (HHSS)
Department of Health and Human Services (HHS)
Division of Mental Health, Substance Abuse and Addiction Services
Regulation and Licensure Program
Critical Incident Stress Management Program
Department of Environmental Quality (DEQ)
Department of Agriculture (DOA)
Nebraska Emergency Management Agency (NEMA)
Game and Parks Commission
Department of Education
Military Department
Department of Roads
University of Nebraska System
Volunteer Organizations Active in Disasters (VOAD)
American Red Cross (ARC)
Nebraska Association of Hospitals and Health Systems
Nebraska health Care Association /Nebraska Assisted Living Association
Nebraska Nurses Association
Nebraska Society of Health System Pharmacists
Nebraska Funeral Directors Association
Nebraska Infection Control Network

INTRODUCTION: The purpose of the Health and Medical Services Emergency Support Function (ESF) is to provide coordinated assistance to supplement local resources in response to public health, medical care and mental health needs following a disaster event. The Health and Human Services System will provide a representative to serve as the Nebraska Emergency Management Agency (NEMA) designated ESF Coordinator (ESFC) for ESF #8. In the event of a potential or real disaster event, the State Emergency Operation Center (SEOC) will notify the ESFC. Upon SEOC request, the ESFC will be available to coordinate public health, mental health and medical-related requests with the ESF #8 Public Health Response Coordinator, the ESF #8 Medical Support Coordinator and the ESF #8 Mental Health Coordinator.

I. PUBLIC HEALTH RESPONSE

A. Purpose

1. To coordinate the public health resources needed to supplement local resources in response to public health needs before, during, and following a Governor's emergency proclamation.

2. To provide supplemental assistance to local entities in identifying and meeting the health needs of victims of a major emergency or disaster. This support is categorized in the following areas:

   a. Assessment of public health needs,

   b. Disease Control/Epidemiology,

   c. Public health equipment and supplies,

   d. Coordinate food safety information,

   e. Identification and consultation on radiological/chemical/biological hazards,

   f. Public health information release,

   g. Vector control/monitoring,

   h. Potable water, wastewater, and solid waste disposal,

   i. Consultation on health needs of special populations.

B. Situation and Assumptions

1. A significant natural disaster or manmade event that overwhelms local government may require state public health assistance. In addition to direct assistance, the state may be required to provide leadership and coordination in carrying out emergency response efforts in the areas of public health issues. For Nebraska the most probable event would be a series of tornadoes and/or major floods.

2. These events may require relocation of victims into temporary shelters; which may require public health expertise in vector control, availability of potable water, wastewater control, and problems with solid waste facilities.

3. Damage to chemical and industrial plants, sewer lines and water distribution systems, and secondary hazards such as fires, may result in environmental and public health hazards to the surviving population including exposure to hazardous materials and contaminated water supplies, crops, livestock, and food products.

4. Events involving Chemical, Biological, and Radiological Terrorism will follow the Terrorism Annex of the State Emergency Operation Plan.

5. Incidents involving release of radioactive material will follow the Nebraska Radiological Emergency Response Plan.

C. Concept of Operations/Activation

1. In support of Emergency Support Function (ESF) #8, the Health and Human Services System (HHSS), will provide a representative to serve as the designated Public Health Coordinator for ESF #8.

2. In the event of a potential or real disaster event, the Public Health Coordinator will be notified by the ESFC. Upon ESFC request, the Public Health Coordinator will be available to respond to public health-related requests submitted through the ESFC.

3. NEMA will consult with HHSS on the need to activate ESF #8, Public Health Response.

4. NEMA will notify HHSS upon activation of ESF #8.

5. When ESF #8 is activated, the Public Health Coordinator will identify which participating departments/agencies are needed, and take steps to insure that the departments/agencies are activated or on alert as appropriate.

6. All personnel and resources mobilized by ESF #8 will remain under the direction and control of the NEMA Response Section Chief, unless otherwise designated.

D. Operations

When NEMA activates ESF #8, the following operational requests may be made of participating responders. The extent of this response will vary depending on the scope of the disaster and the resources that are available to respond.

1. Evaluate public health assistance requests. All requests from appropriate local authorities for public health assistance will be assumed to be credible unless there is evidence to the contrary. Upon receiving conflicting or questionable requests, ESF #8 will attempt to confirm the actual needs.

2. Develop and update assessments of public health status.

   a. Conduct general assessment of public health needs,

   b. Ascertain need for on going health surveillance,

   c. Determine need for additional public health personnel in mass casualty incidences,

   d. Determine need for medical care in responding to public health concern,

   e. Ascertain need for protective actions to preserve public health,

f. Determine public health needs of special populations.

3. Utilize locally available resources to the extent possible to meet the public health needs identified by local authorities.

4. Identify additional in-state resources for public health.

5. Coordinate with ESF #6 (Mass Care) to provide public health services to evacuation shelters.

6. Respond to requests for public health assistance with:

   a. Environmental Health,

   b. Epidemiology,

   c. Communicable Disease,

   d. Laboratory Service.

7. Coordinate communication on public health concerns.

8. Deploy public health personnel/teams from the state assets as needed and appropriate.

9. Coordinate with other ESF teams in responding to a disaster.

10. Responding agencies will maintain accurate and extensive logs to support after-action reports and other documentation of the disaster conditions.

E. Organizational Roles and Responsibilities

The following agencies may be called upon to assist with the associated duties to the extent that response resources are available:

1. Department of Health and Human Services System (HHSS)

   a. Provide overall coordination and leadership for Public Health Response.

   b. Provide information and technical assistance on communicable disease and epidemiology.

   c. Provide assessment of public health needs in the disaster area.

   d. Assist with Vector control and monitoring.

   e. Assist with identification and consultation in situations involving possible radiological/chemical/and biological agents.

f. Coordinate releases of Public Health information to the media.

g. Assist with identification of potable water.

2. Department of Environmental Quality

a. Assist with identification of chemical agents and provide consultation for clean up.

b. Assist with problems of wastewater and solid waste disposal.

c. Cooperate with HHSS in releasing public health information.

3. Department of Agriculture

a. Coordinate food safety awareness.

b. Cooperate with HHSS in release of public information regarding foodstuffs.

4. American Red Cross consults with HHSS on public health needs in carrying out mass care responsibilities.

5 University of Nebraska System

a. Provide appropriate resources to assist with a public health response through the following:

1) NU Center for Biosecurity at UNMC

2) Nebraska Public Health Laboratory at UNMC-under contract with NHHSS

3) UNMC Radiation Health Center- under contract with OPPD/NPPD

4) Student Health Services at UNK, UNL, UNO, and UNMC

5) Institute of Agriculture and Natural Resources (IANR)

a) Co-operative Extension

b) Plant Pathology

c) UNL Veterinary Science Department

6) Expanded role of medical, nursing, physician assistants and other students to assist NHHSS in a public health response plan

7) Develop and maintain a public website for information on bioterrorism

8) UNMC/UNO cooperative education program to train public health professionals through the MPH program

F. Additional Resources

ESF #8 will utilize personnel and resources from participating departments/agencies to respond to mission assignments related to emergencies/disasters. Additional resources available at other ESF's may be coordinated and mobilized to support ESF #8 missions. When requests exceed the state's capability to respond, additional resources (i.e. federal resources, contractual agreements, and mutual aid agreements) will be mobilized. All personnel and resources mobilized by ESF #8 will remain under the direction and control of the ESFC #8, unless otherwise designated.

II. MEDICAL SUPPORT

A. Purpose

1. To coordinate the medical resources needed to supplement local resources in response to medical care needs before, during, and following a Governor's emergency proclamation.

2. To provide supplemental assistance to local entities in identifying and meeting the health needs of victims of a major emergency or disaster. This support is categorized in the following areas:

   a. Assessment of medical needs,

   b. Medical care personnel,

   c. Medical equipment and supplies,

   d. Patient evacuation;

   e. Coordinate in-hospital care,

   f. Drug safety,

   g. Coordinate statewide Emergency Medical Response,

   h. Public health information release,

   i. Victim identification/mortuary services,

j. Medical Command and Control (MSU).

B. Situation and Assumptions

1. A significant natural disaster or manmade event may result in death and injury to large numbers of people and overwhelm the capacity of local medical care and mortuary services.

2. Resources within the affected disaster area may be inadequate to clear casualties from the scene or treat them in local hospitals. Additional mobilized state capabilities may urgently be needed to supplement and assist local governments to triage and treat casualties in the disaster area and then transport them to the closest appropriate hospital or other health care facility.

3. In a major disaster area, it may be necessary to transport patients by air or ground to the nearest metropolitan areas with sufficient concentrations of available hospital beds where patient needs can be matched with the necessary definitive medical care.

4. Hospitals, nursing homes, pharmacies and other medical/health facilities may be severely damaged or destroyed. Those facilities, which survive with little or no structural damage, may be rendered unusable or only partially usable because of a lack of utilities (power, water, sewer) and/or the inability of staff to report for duty. Medical facilities remaining in operation may be overwhelmed with casualties following a disaster.

5. Medical supplies (including pharmaceuticals) and equipment may be in short supply because of damage to the facility and increased demand. Disruption in local communications and transport systems could prevent timely re-supply.

6. Uninjured persons who require daily medication for chronic disease/illnesses may have difficulty in obtaining medications because of damage or destruction of normal supply locations.

7. High casualty volumes may require activation of additional mortuary and victim identification services.

C. Concept of Operations/Activation

1. In support of Emergency Support Function (ESF) #8, the Health and Human Services System (HHSS) Chief Medical Officer or his/her designee, will serve as the Medical Support Coordinator for ESF #8.

2. In the event of a potential or real disaster event, the Medical Support Coordinator will be notified by the ESFC. Upon SEOC request, the Medical

Support Coordinator will be available to respond to medical-related requests submitted through NEMA.

3. NEMA will consult with HHSS on the need to activate ESF #8, Medical Support.

4. NEMA will notify HHSS upon activation of ESF #8.

5. When activation of the ESF #8 is implemented, the Medical Support Coordinator will identify which participating departments/agencies are needed, and take steps to insure that the departments/agencies are activated or on alert as appropriate.

6. All personnel and resources mobilized by ESF #8 will remain under the direction and control of the NEMA Response Section Chief, unless otherwise designated.

D. Operations

When NEMA activates ESF #8, the following operational requests may be made of participating responders. The extent of this response will vary depending on the scope of the disaster and the resources that are available to respond.

1. Evaluate and analyze medical care and mortuary needs, and the local capacity to respond to those needs.

2. Determine types and amount of additional medical personnel and equipment needed.

3. Ascertain the need for patient evacuations.

4. Respond to requests for:

   a. Nursing Services,

   b. Medical Support Services,

   c. Medical Care Personnel,

   d. Pharmaceutical Services,

   e. Specialized Medical Equipment,

   f. Laboratory Service,

   g. Mortuary and Victim Identification Services.

5. Identify additional medical care personnel, facilities, equipment, and supplies that can be accessed and coordinate their deployment.

6. Utilize locally available medical resources to the extent possible to meet the needs identified by local authorities.

7. Determine if and when National Disaster Medical Systems assets need to be requested, and develop information needed for activation.

8. Coordinate with ESF #6 (Mass Care) to provide medical services to evacuation and special needs shelters.

9. Coordinate with ESF #8 Public Health Response for health surveillance.

10. Coordinate with other ESFs in responding to a disaster.

11. Responding agencies will maintain accurate and extensive logs to support after-action reports and other documentation of the disaster conditions.

E. Organizational Roles and Responsibilities

The following agencies may be called upon to assist with the associated duties to the extent that response resources are available:

1. The Nebraska Military Department

Through the Nebraska Emergency Management Agency, provides coordination of available military medical resources.

2. Health and Human Services System (HHSS)

Through the HHSS Chief Medical Officer or his/her designee, provide coordination of statewide medical care. Serves as State liaison with NDMS assets when activated (see attachment 1). Provides information to the media regarding medical health issues. Provides coordination and support through the Statewide Trauma Plan.

3. American Red Cross

Activate their network to support emergency relief functions. These activities shall be coordinated with the Chief Medical Officer or his/her designee.

4. Nebraska Association of Hospitals and Health Systems

Coordinate the location of available hospital facilities and equipment as needed during a disaster. Determine the need for activation of NDMS assets

and develop information needed for activation (See Appendix). These efforts shall be coordinated through the Chief Medical Officer or his/her designee.

5. Nebraska Health Care Association/Nebraska Assisted Living Association

   Coordinate the location of available nursing homes for use as medical care facilities as needed during a disaster. These efforts shall be coordinated through the Chief Medical Officer or his/her designee.

6. Nebraska Medical Association

   Assist in the location of available Doctors and Specialist as needed during a disaster. These efforts shall be coordinated through the Chief Medical Officer or his/her designee.

7. Nebraska Nurses Association

   Assist in the location of available nursing staff to assist as needed during a disaster. These efforts shall be coordinated through the Chief Medical Officer or his/her designee.

8. Nebraska Society of Health-System Pharmacists

   Assist in locating need medications and pharmacists as needed during a disaster. These efforts shall be coordinated through the Chief Medical Officer or his/her designee.

9. Nebraska Funeral Directors Association

   Shall assist in locating personnel and materials needed to operate a morgue and support infection control efforts during a mass casualty event. These efforts shall be coordinated through the Chief Medical Officer or his/her designee.

F. Additional Resources

ESF #8 will utilize personnel and resources from participating departments/agencies to respond to mission assignments related to emergencies/disasters. Additional resources available at other ESFs may be coordinated and mobilized to support ESF #8 missions. When requests exceed the state's capability to respond, additional resources (i.e. federal resources, contractual agreements, and mutual aid agreements) will be mobilized.

III. MENTAL HEALTH RESPONSE & RECOVERY

A. Purpose

At the time of an emergency or disaster, this plan describe procedures to respond to mental health needs in order to prevent harmful stress levels in the survivors, emergency responders in the field, State Emergency Operations Center (SEOC), Disaster Field Office (DFO), equivalent locations and the general population.

B. Situation and Assumptions

1. Disaster Condition

Responding to the psychological and emotional impact of disasters for all people involved is an integral part of an effective disaster response and recovery strategy.

a. People involved in a disaster are affected by it in some way, from its most immediate victims (including their family members, and friends), to emergency response workers (fire fighters, police officers, emergency medical personnel, emergency management, dispatchers, others), and members of the larger community.

b. Common disaster reactions may include grief, anxiety, stress and anger. Long-term reactions might include posttraumatic stress disorder (PTSD), delayed onset of stress, and major depression. (See attachment 2).

c. This is especially prevalent when there is a “catastrophic disaster” involving large-scale loss of life, property destruction and disruption in community life. When this occurs, there is a pattern of more serious psychological impact that may require intensive and long-term mental health intervention.

d. Emergencies/disasters have the potential to raise stress levels in survivors and emergency responders, which may negatively affect their ability to cope with the ordinary demands of daily life.

2. Planning Assumptions

a. The mind and body are inseparable. Neither physical health nor mental health exists in pure isolation from the other.

b. Signs and symptoms of stress from individual psychological trauma include, but are not limited to:

1) Physical (chills, thirst, fatigue, headaches, nausea, vomiting).

2) Cognitive (confusion, nightmares, uncertainty, poor decisions, hyper vigilance, blaming someone, intrusive images).

3) Emotional (fear, guilt, grief, denial, anxiety, depression, agitation).

4) Behavioral (withdrawal, inability to rest, intensified pacing, erratic movements, suspiciousness, change in social activity, change in speech patterns).

c. The stigma associated with mental health problems is manifested by bias, distrust, stereotyping, fear, embarrassment, anger, and/or avoidance. In a disaster, this stigma reaction can reduce people's access to resources and opportunities to address the psychological trauma associated with the disaster/emergency management events. It may deprive people of their dignity and may interfere with the person's full participation in society after the events of the disaster are over.

d. The disaster event triggers Individual and Collective trauma, leading to acute stress reactions, cumulative stress reactions, and Post-Traumatic Stress Disorder.

1) Individual Trauma is defined as a blow to the psyche that breaks through one's defenses so suddenly and with such brutal force that one cannot react to it effectively.

2) Collective Trauma is a blow to the basic tissues of social life that damages the bonds attaching people together and impairs the prevailing sense of community. The ties to the community that normally provide important psychological support are now disrupted. For example, aspects of daily living are disrupted (housing, transportation, employment, communications, and related areas).

e. These signs and symptoms of stress from individual psychological trauma are those of normal people, reacting normally, to an abnormal event.

f. Critical level stress may develop after a single event or over time (cumulative).

g. Stress during the immediate event is called acute stress and is a normal response to emergencies. Some people exposed to the disaster event (survivors, emergency responders, others) can resolve the acute stress using their own internal and external resources. Others may be overwhelmed with acute stress and require assistance before returning to normal activities.

h. Stress that accumulates because of a disaster event and continues during the recovery phase is called chronic stress. This takes greater

resources to assist people (survivors, emergency responders, others) in understanding and resolving the stress.

i. Some people may function in a reasonable manner during the initial response and early recovery period following a disaster. However, they may experience a delayed onset of these signs and symptoms of stress for up to six months or longer.

j. Government and volunteer response agencies should have personnel from their organizations trained in stress recognition and management techniques. They should assist people (survivors, emergency responders, others) by identifying and/or providing disaster stress management resources.

k. Persons with pre-existing mental health problems or disabilities may experience a worsening of their conditions in times of disaster and/or have their treatment/support system disrupted.

C. Concept of Operations/Activation

1. In support of Emergency Support Function (ESF) #8, the Health and Human Services System (HHSS) will provide a representative to serve as the designated Mental Health Coordinator for ESF # 8, Mental Health Response and Recovery.

2. In the event of a potential or real disaster event, the Mental Health Coordinator will be notified by the ESFC. Upon ESFC request, the Mental Health Coordinator will be available to respond to mental health-related requests submitted through the ESFC.

3. NEMA will consult with HHSS on the need to activate ESF #8, Mental Health Response and Recovery.

4. NEMA will notify HHSS upon activation of ESF #8.

5. When ESF #8 is activated, the Mental Health Coordinator will identify which participating departments/agencies are needed, and take steps to insure that the departments/agencies are activated or on alert as appropriate.

6. HHS Lead Agency - the Nebraska Department of Health & Human Services (HHSS)-Division of Mental Health, Substance Abuse, and Addiction Services is the lead agency for the development and coordination of state plans and programs for mental health response and recovery activities in a

a. State of Nebraska declared disaster,

b. Presidential declared disaster for individual assistance, or

c. Upon request of county officials through the Nebraska Emergency Management Agency.

7. HHS will work with other agencies to prepare intra-agency plans, checklists and procedural guides.

8. When this Emergency Support Function is activated, the objectives of mental health operations are to:

a. Complete the FEMA Crisis Counseling grant application when a Presidential declared disaster for individual assistance.

b. If FEMA Crisis Counseling grant is funded, implement the program including grant management.

c. Coordinate mental health activities among state/local/public/private response agencies.

d. Assist local agencies in assessing mental health needs following a disaster considering the acute and cumulative stress resulting from a possible long-term recovery period. The mental health assessment forms are attached (See attachments 3 & 4).

e. Provide mental health public education on disaster related stress and stress management techniques.

f. Provide stress management training support to mental health teams responding to assist disaster survivors and responders.

g. Coordinate activities to ensure that people with mental disorders have continuing access to the treatment (including medication) and support necessary to prevent crisis.

D. Response Recovery Activities

1. Emphasis will be given to the mental health needs of:

a. People exposed to the disaster event (victims/survivors, emergency responders, others).

b. Others such as victims/survivors' families, responders' families, the bystanders, and other community caregivers not immediately involved in disaster response/recovery, but are exposed to the events.

c. Persons with severe mental disorders.

2. Services may include crisis counseling, critical incident stress management services, information and referral to other resources and education about

normal reactions to a disaster experience and how to cope with them, as well as other related responses suitable appropriate to the disaster event.

3. The provision of services involves both the response phase and the period of recovery during the weeks and months following the disaster. The services are to be appropriate to the needs of the community being served.

E. Organizational Roles and Responsibilities

The following agencies may be called upon to assist with the associated duties to the extent that response resources are available:

1. HHS-Division of Mental Health, Substance Abuse, and Addictions Services

a. Provide a State Mental Health Coordinator to oversee all disaster mental health related services and activities.

b. Consult with NEMA and make recommendations regarding the activation of mental health resources.

c. Serve as a state point of contact for Federal Mental Health Responders (NDMS, FEMA, HHS)

d. Serves as a state point of contact with local responders and American Red Cross Mental Health Responders.

e. Assist local government in:

1) The assessment of mental health needs (See attachments 3 & 4).

2) The selection, training and use of qualified personnel needed to provide the mental health response and recovery work (See attachment 3).

3) Addressing the identified mental health needs.

f. Coordinate with the Mass Care Coordinator to identify shelter occupants that may require assistance.

g. HHS Public Information Officer and the State Mental Health Coordinator will coordinate with the NEMA Public Information Officer to arrange for dissemination of information to the public on stress effects and techniques for managing stress.

h. Provide Support for the Nebraska Critical Incident Stress Management Program.

i. Coordinate with NEMA the application process for FEMA Crisis Counseling Grant during a Presidential Major Disaster Declaration for Individual Assistance.

j. Provide oversight to the implementation of the FEMA Crisis Counseling grant. This includes:

1) Managing contracts with behavior health providers, fund management, and reporting.

2) Provide quality control of FEMA Crisis Counseling contractors and the services they provide.

3) Maintain surveillance of FEMA Crisis Counseling mental health efforts.

k. Coordinate with the Regional Governing Boards on identification of needs of persons with serious mental illness.

2. HHSS- Department of Regulation and Licensure

a. Serve as lead agency for the Nebraska Critical Incident Stress Management Program (CISM) as provided by Neb. Rev. Statute. §§ 71-101 to 71-7113.

b. CISM will coordinate its operations through the State Mental Health Coordinator when this annex is activated.

3. Nebraska Emergency Management Agency (NEMA)

a. Designate a NEMA contact person (and alternates) for the HHS State Mental Health Coordinator to work with during the various phases of disaster - preparedness, response, and recovery.

b. Consult with HHSS on mental health issues and make final decisions regarding activation of FEMA Crisis Counseling Programs

c. Have the Public Information Officer working with the HHS State Mental Health Coordinator to arrange for dissemination of information to the public on stress effects and techniques for managing stress.

d. Assist HHS in the application process for FEMA Crisis Counseling Grant during a Presidential Major Disaster Declaration for Individual Assistance.

4. American Red Cross (ARC)

   a. Disaster Services Mental Health Program will provide teams that respond to disaster sites.

   b. ARC's primary focus will be on American Red Cross workers and persons in the ARC sponsored shelters.

   c. American Red Cross will serve as lead mental health responder in airplane crashes.

   d. ARC may assist in detecting signs and symptom of stress in disaster victims and assist them in handling acute and chronic stress.

   e. Establish and maintain appropriate linkage with the mental health system and refer all persons deemed to need on going mental health treatment.

LIST OF ATTACHMENTS

LIST OF ATTACHMENTS
(continued)

"ACUTE AND POST-TRAUMATIC STRESS DISORDERS"
From: Mental Health: A Report of the Surgeon General (December 1999)
Chapter 4 - Adults and Mental Health

Acute Stress Disorder refers to the anxiety and behavioral disturbances that develop within the first month after exposure to an extreme trauma. Generally, the symptoms of an acute stress disorder begin during or shortly following the trauma. Such extreme traumatic events include rape or other severe physical assault, near-death experiences in accidents, witnessing a murder, and combat. The symptom of dissociation, which reflects a perceived detachment of the mind from the emotional state or even the body, is a critical feature. Dissociation also is characterized by a sense of the world as a dreamlike or unreal place and may be accompanied by poor memory of the specific events, which in severe form is known as dissociative amnesia. Other features of an acute stress disorder include symptoms of generalized anxiety and hyperarousal, avoidance of situations or stimuli that elicit memories of the trauma, and persistent, intrusive recollections of the event via flashbacks, dreams, or recurrent thoughts or visual images.

If the symptoms and behavioral disturbances of the acute stress disorder persist for more than 1 month, and if these features are associated with functional impairment or significant distress to the sufferer, the diagnosis is changed to Post-Traumatic Stress Disorder. Post-traumatic stress disorder is further defined in DSM-IV as having three sub-forms: acute * (< 3 months' duration), chronic (> 3 months' duration), and delayed onset (symptoms began at least 6 months after exposure to the trauma).

By virtue of the more sustained nature of post-traumatic stress disorder (relative to acute stress disorder), a number of changes, including decreased self-esteem, loss of sustained beliefs about people or society, hopelessness, a sense of being permanently damaged, and difficulties in previously established relationships, are typically observed. Substance abuse often develops, especially involving alcohol, marijuana, and sedative-hypnotic drugs.

About 50 percent of cases of post-traumatic stress disorder remit within 6 months. For the remainder, the disorder typically persists for years and can dominate the sufferer's life. A longitudinal study of Vietnam veterans, for example, found 15 percent of veterans to be suffering from post-traumatic stress disorder 19 years after combat exposure (cited in McFarlane & Yehuda, 1996). In the general population, the 1-year prevalence is about 3.6 percent, with women having almost twice the prevalence of men (Kessler et al., 1995). The highest rates of post-traumatic stress disorder are found among women who are victims of crime, especially rape, as well as among torture and concentration camp survivors (Yehuda, 1999). Overall, among those exposed to extreme trauma, about 9 percent develop post-traumatic stress disorder (Breslau et al., 1998).

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* The acute subform of post-traumatic stress disorder is distinct from acute stress disorder because the latter resolves by the end of the first month, whereas the former persists until 3 months. If the condition persists after 3 months duration, the diagnosis is again changed to the chronic post-traumatic stress disorder subform (DSM-IV).

Source: http://www.surgeongeneral.gov/library/mentalhealth/

Qualified Personnel Needed To Provide This Mental Health Response

A. At the time emergency or disaster, appropriate notification and use of qualified volunteer mental health personnel where mental health crisis intervention is needed starts as a local responsibility.

B. Below, there are three levels of "mental health disaster response workers" described. Levels 1 and 2 use licensed mental health professionals. Level 1 has the addition of prior disaster / emergency mental health training and experience. Level 3 recognizes the role of "peer support", "para-professional", and/or "indigenous worker" in providing disaster / emergency mental health response work.

C. Only mental health disaster response workers should be used, consistent with the "scope of practice" as covered in statutes licensing these personnel in Nebraska. Volunteer mental health disaster response workers should be used unless otherwise stated in the Local Emergency Operations Plan, by Federal Emergency Management Agency, or under exceptional circumstances determined by Nebraska Emergency Management Agency. These volunteers are considered qualified if the individual has:

LEVEL 1 has a current active license as a mental health professional. In addition, this individual also has appropriate specialized training in disaster mental health response. These professionals serve as the "leadership" in the mental health response, and may be used in a variety of roles required to respond to the psychological needs of the disaster workers and survivors, including but not limited to organizing the mental health response, supervising others deployed under the mental health response, training volunteers for deployment, directly providing services, and other functions necessary for having a successful mental health response. These mental health professionals:

A. Have a current active license in a mental health field as a:

1. Physician;

2. Psychologist;

3. Mental health practitioner;

4. Registered nurse certified as a "Clinical Specialist in Psychiatric & Mental Health Nursing".

5. Clergy who is a Certified Pastoral Counselor by the American Association of Pastoral Counselors- (AAPC), and is a licensed mental health practitioner.

B. Have successfully completed the Nebraska Critical Incident Stress Management Program "Basic Training", and/or American Red Cross "Disaster Mental Health Services" training, - and -

C. Have appropriate, current identification from the Nebraska Critical Incident Stress Management Program (CISM), and/or American Red Cross.

LEVEL 2 has a current active license as a mental health professional, or are trained mental health personnel, who may serve in a variety of mental health response areas consistent with their scope of practice. These individuals do not have prior mental health disaster / emergency response training or experience. They should work under the supervision of the LEVEL 1 mental health professional.

A. Licensed as a physician, psychologist, or mental health practitioner without prior mental health disaster / emergency response training or experience.

B. Master's degree in a mental health field, and hold a "provisional license" or are eligible for the license as a "mental health practitioner", and employed in a mental health organization.

C. Clergy who are Certified Pastoral Counselors by the American Association of Pastoral Counselors- (AAPC), and licensed mental health practitioners, with no prior mental health disaster / emergency response training or experience.

D. Licensed registered nurse employed in a mental health organization for more than one continuous year.

E. School counselor, or school psychologist who has documentation showing: (1) completion of the local school district "Crisis Response Team" training, (2) the person is employed by a local school district, & (3) is a member of a "Crisis Response Team".

LEVEL 3 are not mental health professionals. However, they are trained personnel in CISM, School District "Crisis Response Team", or other related emergency management areas, serving in a "peer support" or "para-professional" role assisting in the mental health response, working under the supervision of the LEVEL 1 mental health professionals. They may also be "indigenous workers" who are trained as part of the disaster recovery efforts. These personnel include, but are not limited:

A. Not covered in Level 1 or 2, have successfully completed the Nebraska Critical Incident Stress Management Program "Basic Training" in the peer support role, and have appropriate, current identification from CISM - or –

B. Not covered in Level 1or 2, are part of the School District "Crisis Response Team", and who have documentation showing: (a) has completed local school district "Crisis Response Team" training, (b) the person is employed by a local school district, & (c) is a member of a "Crisis Response Team". These staff may include personnel such as teachers, nurses, and other school personnel - or -

C. Other individuals with emergency management backgrounds who may be able to serve in a “peer support” or “para-professional” role assisting in the mental health response after receiving authorized training from Level 1 mental health professionals - or -

D. Students enrolled in graduate programs which lead to being licensed as physicians, psychologists, mental health practitioners, registered nurse certified as a “Clinical Specialist in Psychiatric & Mental Health Nursing”, or related professions; under the supervision of their graduate faculty – or

E. Indigenous workers recruited under the FEMA Crisis Counseling grant. These individuals were living in the particular area impacted by the disaster event and are now recruited to do the outreach work funded under the FEMA Crisis Counseling grant program.

MENTAL HEALTH DISASTER RESPONSE AND RECOVERY
DAMAGE ASSESSMENT DATA

REPORT # _____

Numbers in the Report are ___ Actual ___ Estimate (check one)

County: _____ DATE OF REPORT: _____

Date of Disaster: _____ TIME OF REPORT: _____a.m./p.m.

PART A

Type of Loss (a)	Total	x	ANH	-		x	% at Risk		=	Number Individuals Targeted
1. Dead (b)		x	_____	-		x	_____ (68-87%)	%	=	_____
2. Hospitalized		x	_____				_____ (27-43%)	%	=	_____
3. Non-hospital- injured		x	_____				_____ (10-20%)	%	=	_____
4. Homes Destroyed		x	_____				_____ (40-50%)	%	=	_____
5. Homes - "major damage"		x	_____				_____ (30-40%)	%	=	_____
6. Homes - "minor damage"		x	_____				_____ (10-20%)	%	=	_____
7. Disaster unemployed (Others – Specify)		x	_____				_____ (10-20%)	%	=	_____

REPORT COMPLETED BY:

Name _____

Signature _____

(a) ANH = Average number of persons per household in county.
(b) The number dead is subtracted since the services population consists of bereaved persons only.

FEMA Disaster Assistance Programs: Crisis Counseling Programs - A Handbook for Grant Applicants. DAP-9. Washington, DC: 1988.

_____

MENTAL HEALTH DISASTER RESOURCES DATA COLLECTION

REPORT # _____

Numbers in the Report are ___ Actual ___ Estimate (check one)

County: _____ DATE OF REPORT: _____

Date of Disaster: _____ TIME OF REPORT: _____a.m./p.m.

Type of Personnel Deployed	Number of Disaster Workers Deployed:
Law Enforcement	
Fire Fighters	
Emergency Medical Personnel	
Emergency Management Workers	
Utility Company Workers: Gas, Electric, Phone, Other (specify)	
Mental Health Response: American Red Cross..... CISM ... Mental Health Support..... CISM ... Peer Support..... Other Mental Health Workers	
Other Workers (specify)	
Total Number of Disaster Workers Deployed	

Survivor Services	
Number of Shelters Total Number of Beds..... Total Number of Individuals Placed in Shelter.....	
Number of Feeding Stations Total Number of Sites ..... Total Daily Number of People Fed ..... Total Number of Workers.....	
Support Services for Family Members & other Secondary Victims	
Other Support Services for Survivors	

REPORT COMPLETED BY:

Name _____

Signature _____

NATIONAL DISASTER MEDICAL SYSTEM (NDMS)

I. PURPOSE

The purpose of this Appendix is to provide the necessary information and procedures to enable the National Disaster Medical System (NDMS) to be activated and carry out its responsibilities and functions during any major disaster.

II. SITUATION & ASSUMPTIONS

A. SITUATION

The U.S. Department of Veterans Affairs Medical Center in Omaha, NDMS Coordinating Center for Nebraska, has established memoranda of understanding (MOU) with area hospitals which will accept patients during disaster situations. MOUs have also been created with other agencies to provide support during activation of the NDMS.

B. ASSUMPTIONS

The MOU should ensure the quick response of signatory agencies so that patient care in disaster situations will not be delayed.

III. CONCEPT OF OPERATIONS

A. GENERAL

1. The NDMS Operations Center has been entrusted with the coordination of area hospitals and support agencies which will receive patients in response to a major disaster, either in Nebraska or another state, when the medical capabilities of that affected region, state, or federal medical system have been exceeded.

2. In the event of a major disaster, the Governor of Nebraska, via the NEMA, may request federal assistance under the authority of the Disaster Relief Act of 1988, PL 100-707, as amended, and the President of the United States may make a declaration of an emergency or a major disaster. The Presidential Declaration triggers a series of federal responses, coordinated by the Federal Emergency Management Agency (FEMA), which may, when appropriate, include activation of the NDMS.

B. NATIONAL SECURITY EMERGENCY

In the event of a national security emergency, the Secretary of Defense, U.S. Department of Defense, would have the authority to activate the system. The NDMS may also be activated, with or without a presidential declaration, by a request from the State Health Officer to the Assistant Secretary for Health, U.S. Department of Health and Human Services (DHHS), under the authority provided by the Federal Public Health Services Act.

C. PHASES OF EMERGENCY MANAGEMENT

1. MITIGATION

a. Obtain MOUs with all hospitals and support agencies.

b. Maintain current listing of response capabilities.

c. Maintain current listing of resources.

d. Maintain contact with all supporting agencies.

2. PREPAREDNESS

During the preparedness phase, the NDMS Coordinating Center for Nebraska will proceed as follows:

a. Conduct an annual NDMS exercise.

b. Conduct regular NDMS briefings.

c. Critique the NDMS exercises of other organizations or states.

d. Provide technical assistance to other agencies.

3. RESPONSE

During the response phase, the NDMS Coordinating Center for Nebraska will:

a. Ensure all supporting agencies are contacted.

b. Ensure the reception area is ready to receive an influx of patients.

c. Provide the news media with information on a scheduled basis.

d. Maintain records of all activities.

e. Maintain the status and location of each patient.

f. Ensure bed reports are submitted.

4. RECOVERY

During the recovery phase, the NDMS Coordinating Center for Nebraska will:

a. Determine final disposition of all patients.

b. Ensure all discharged patients are returned to their place of origin.

c. Provide input for improving NDMS during disaster operations.

IV. ASSIGNMENT OF RESPONSIBILITY

A. PHASE-I: Notification Only Activation of NDMS

1. Agencies or systems involved are as follows:

a. American Red Cross

b. Nebraska Department of Health and Human Services

c. Area hospitals

d. Lincoln Medical Response System (LMRS)

e. Omaha Metropolitan Medical Response System (OMMRS)

f. Nebraska Emergency Management Agency

B. PHASE II: Notification to Receive Patients Activation of NDMS:

1. Agencies or systems involved are as follows:

a. American Red Cross

b. Nebraska Department of Health and Human Services

c. Area hospitals

d. Lincoln Medical Response System (LMRS)

e. Omaha Metropolitan Medical Response System (OMMRS)

f. Nebraska Emergency Management Agency

g. Nebraska State Patrol and local police agencies

h. Fire departments

i. News media

V. ADMINISTRATION AND LOGISTICS

Once the President of the United States has made a declaration of a major disaster, including activation of NDMS, the VA Medical Director will contact all VA Coordinating Centers. At that time, the Omaha VA Coordinating Center will activate NDMS in this area. The HHSS EOC will be contacted to begin the activation of area hospitals. The NDMS Operations Center will activate all other agencies according to prescribed procedures.

NATIONAL DISASTER MEDICAL SYSTEM (NDMS) ACTIVATION PROCEDURES

I. SCOPE AND PURPOSE

A. NDMS is a coordinated effort of the Federal Department of Health and Humans Services, Department of Defense, Department of Veterans Affairs, and Federal Emergency Management Agency to supplement medical and environmental health services at the site of a disaster.

B. NDMS can assist with Disaster Medical Assistance Teams; Disaster Mortuary Operational Response Teams; Veterinary Medical Assistance Teams; and National Medical Response Teams (for medical care of victims of weapons of mass destruction).

II. ACTIVATION

In emergencies/disasters requiring federal health and medical assistance, activation of the NDMS may be requested through the NEMA Response Section Chief after consultation with, and the concurrence of the Governor and the Chief Medical Officer of HHSS. All requests for NDMS activation will be made to FEMA's National Emergency Coordination Center (NECC).

III. INFORMATION REQUIREMENTS FOR SYSTEM ACTIVATION

Before an official request for assistance and activation of the NDMS, local government will provide the following information:

A. The location of the incident where assistance is being requested,

B. A description of the incident and the resultant health/medical problems;

C. A description of the assistance required (i.e. Medical Assistance Teams, acute hospital care, medical supplies and equipment, mortuary services, veterinary services, etc.).

IV. ACTIONS TAKEN FOLLOWING INITIAL REQUEST:

All requests for NDMS assistance will be immediately transmitted to an NDMS Duty Officer, who will take action to validate the request and arrange for activation of the appropriate elements. Confirmation of the activation of the NDMS will be made by telephone to the requesting official or his/her designee. Instructions regarding direct communication with the National Disaster Medical Operations Support Center (NDMOSC) will be provided at the time of confirmation of NDMS activation.

V. FEDERAL COORDINATING CENTERS

Offutt Air Force Base in Bellevue has been established as a Federal Coordinating Center for the NDMS Program.

NATIONAL PHARMACEUTICAL STOCKPILE RECEPTION PLAN

I. PURPOSE

A. To provide for coordinated measures and procedures for receipt, storage, transportation, dissemination, and recovery of National Pharmaceutical Stockpile (NPS) materials in the event of a terrorist incident in the State of Nebraska.

B. To generate immediate and appropriate local, State and Federal measures to eliminate the crisis and minimize the consequences in order to return the State of Nebraska to a healthy and disease free status.

II. SITUATION

A. A release of selected biological or chemical agents targeting Nebraska's civilian population will require a rapid, coordinated and planned response and require access to potentially large quantities of pharmaceuticals, antidotes, and other medical supplies. If such a biological and/or chemical terrorist event occurs, State, local, and private stocks of medical material may be quickly depleted.

B. If an effective response to a biological or chemical attack is beyond the local government's capability, State assistance may be required. The Governor may then proclaim a "State of Emergency" and the provisions of the State Emergency Operations Plan (SEOP), including this Appendix will be implemented. In implementing this Plan, activation of the Emergency Management Assistance Compact (EMAC) may be necessary.

C. If the situation is determined to be beyond local and State capability, the Governor may ask for Federal Assistance by requesting a Presidential Declaration of an "emergency" or "major disaster". If approved, a "Presidential Declaration" authorizes Federal assistance under PL 93-288, as amended by the Robert T. Stafford Disaster Relief and Emergency Assistance Act, PL 100-707. The declaration initiates the implementation of Federal disaster assistance programs, which are coordinated by the Federal Emergency Management Agency. Because of the health related nature of a biological or chemical attack, the early Federal response to this type of incident may include release of medical supplies and equipment from the National Pharmaceutical Stockpile Program.

D. The NPS is a national repository of antibiotics, chemical antidotes, antitoxins, life-support medications, IV administration and airway maintenance supplies, and medical/surgical items. The NPS Program is designed to supplement and re-supply state and local public health agencies in the event of a biological or chemical terrorism incident anywhere, at anytime within the United States.

E. The NPS is organized into several packages. First, there are several immediate response Push Packages that are caches of pharmaceuticals, antidotes, and medical supplies designed to address a variety of biological or chemical agents. These Push Packages are positioned in secure regional warehouses ready for immediate deployment to the airfield closest to the affected area within12 hours of the Federal decision to release NPS assets.

F. If the incident requires additional pharmaceuticals and/or medical supplies, follow-on vendor managed inventory supplies, known as VMI Packages, will be shipped to arrive within 24 to 36 hours. The follow-on VMI packages can be tailored to provide pharmaceuticals, supplies and/or products specific to the suspected or confirmed agent or combination of agents.

G. In the event of a biological or chemical attack on our State's population, the Nebraska Emergency Management Agency, in coordination with the Nebraska Health and Human Services System, will provide guidance to local officials applying for State and Federal assistance.

III. ASSUMPTIONS

A. A biological or chemical attack within the United States would affect the State of Nebraska. This could result in the creation and enforcement of movement controls of people, products, and property.

B. There is the potential for anyone or organization in the State to receive a threat of either a biological or chemical attack as a mechanism of terrorism. If the incident were confirmed as being a terrorist event, the Terrorism Annex of the SEOP will be utilized in conjunction with this Appendix.

C. Positive detection of such a biological or chemical release will prompt State Officials to employ additional precautions to prevent or mitigate the possibility of an occurrence locally.

D. Numerous local, State, and Federal agencies will play a role in controlling further exposure to a biological or chemical release.

E. Immediate quarantine areas may be required where suspect or confirmed instances of biological or chemical releases have originated, and may require special operational procedures.

F. The Governor will issue a State of Emergency Proclamation.

G. The State Emergency Operations Center (SEOC) will be activated and if request of the NPS has been issued, implementation of this plan will begin.

H. The Governor will request the President to declare a "major disaster" or an "emergency" if the situation is beyond local and State capabilities and the Governor has issued a State of Emergency Proclamation.

I. Initial National Pharmaceutical Stockpile supplies and equipment will begin arriving in the State no later than 12 hours after the Governor's request for their deployment/support.

IV. CONCEPT OF OPERATIONS

A. The Governor maintains the authority to meet the dangers to the State and people presented by disasters and emergencies. In the event of a disaster or emergency beyond local control, especially those involving biological or chemical agents, the Governor may assume direct operational control over all or any part of the emergency management functions within the State.

B. The Governor and key State officials are provided the capability to direct and control response and recovery operations from a centralized facility in the event of a biological or chemical emergency/disaster. State departments/agencies conduct their day-to-day operations from facilities that are widely dispersed throughout the State. Therefore, when an emergency/disaster occurs, centralized direction and control is required to facilitate coordinated responses by the governor and key departmental/agency staff, emergency management staff and representatives of private sector organizations assigned emergency responsibilities.

C. As NEMA Director, the Adjutant General is required to provide direction and control capability for operational response and recovery activities in time of an emergency or disaster. This is accomplished by maintaining the SEOC located in an underground facility at 1300 Military Road in Lincoln. An alternate SEOC has been operationally readied in Grand Island (100 East 1st Street) should the SEOC become inoperable.

D. The NEMA Assistant Director, through the NEMA Operations Officer, maintains the Operations Management System (OMS) which utilizes the principles of the Incident Management/Command System (IMS/ICS).

E. NEMA, in coordination with the Nebraska Health and Human Services System, will coordinate response activities in support of the NPS Program and will be aware of response operations at the local level.

F. NEMA will coordinate with FEMA, the United States Department of Health, the Center for Disease Control, and other Federal agencies as needed, and may utilize local/regional Emergency Operations Centers (EOCs) to facilitate response and recovery activities.

G. Upon notification of a biological or chemical release or other emergency or disaster, the Governor can issue a State of Emergency Proclamation. Upon the issuance of a State of Emergency Proclamation, the Governor may direct any and all agencies of the State government to provide assistance under the coordination of NEMA.

H. Activation of the State Emergency Operations Center (SEOC) will occur under any of the following conditions:

1. When release of either a biological or chemical agent directed at the population of the State has potentially occurred or has been identified (the activation status of the SEOC will be decided by the NEMA Assistant Director).

2. The NEMA Assistant Director's direction.

3. The Adjutant General's direction.

4. The Governor's proclamation of a state of emergency.

V. AGENCY ACTIONS

A. Local Governments

Local officials will be actively involved in the response to any biological or chemical related incidents directed against the citizens of the State of Nebraska. Each county and local government has a Local Emergency Operations Plan (LEOP), which provides the framework for the jurisdiction's response to an emergency or disaster. County and local emergency managers/directors will utilize their resources and provide additional lines of communication with and for local health officials and response organizations responding to the biological or chemical incident.

B. Nebraska Emergency Management Agency (NEMA)

1. Activate and operate the SEOC, provide liaisons to affected jurisdictions, prepare situation reports for the Governor and receive and act on requests for assistance from county emergency managers/ directors.

2. Coordinate the State's response with local governments, with FEMA and the Federal Response Plan, and assist in the coordination of disaster related public information.

3. Identify key contacts at the State level for bio-terrorism (BT) response and National Pharmaceutical Stockpile (NPS) interface. Contact responsibilities for NPS response are:

a. Governor's Office – NEMA Assistant Director

b. Department of Health – ESF 8 Coordinator

c. Emergency Management Agency – NEMA Operations Officer

d. State Police or Law Enforcement Agencies – ESF 7 Coordinator

e. State Fire Protection Agency – ESF 4 Coordinator

f. Adjutant General's Office – NEMA Assistant Director

g. Hazardous Materials Response Authority – Nebraska Department of Environmental Quality

h. Metropolitan Medical Response System – ESF 8 Coordinator

4. Coordinate with the following ESF coordinators and their agencies to support their planning for deployment, reception, transportation, dissemination and recovery of the NPS. These ESF coordinators and their agencies will be the leads responsible for the respective areas as specified.

   a. The request of the NPS - NEMA (for the Governor's Office)

   b. The receipt of NPS assets – ESF 8 Coordinator

   c. Security for NPS assets and both CDC and local personnel managing them – ESF 7 and ESF 10 Coordinators

   d. The distribution of NPS assets (i.e., IV drugs and supplies to hospitals for treating symptomatic persons) – ESF 8 Coordinator

5. Designate, by the authority of the Governor, an official with the authority to request NPS assets.

6. Provide an official (by name, title, agency, and points of contact) who will be updated on transport activities while the NPS is enroute. This person will act as the State point-of-contact for the NPS until the NPS is signed over at the airfield.

7. Identify the most appropriate operation center (State, Federal, Department of Health, or other) to position NPS Technical Advisors (who will assist the State with requests for NPS material).

8. Designate airfield(s) or ground transportation sites where CDC will transfer NPS assets to the State.

C. Nebraska Health and Human Services System (HHSS)

1. Provide NEMA with an ESF 8 coordinator responsible for the planning and coordination of bio-terrorism response and NPS interface.

2. Develop a list of officials who are authorized to sign for receipt of NPS assets.

3. Designate, by authority of the Governor, persons who will take responsibility for and control of NPS assets once they are transferred to State control.

4. Identify personnel (and their duties) that will be at the airfield to meet the NPS.

5. Develop a plan for allowing a local agency or MMRS to sign for the NPS. Develop a list of approved agencies and officials (by name and title).

6. Identify and designate a DEA registrant (and backup) to sign for receipt of NPS controlled substances.

7. Establish procedures for the handling and storage of NPS controlled substances. Coordinate procedures with DEA field office and Nebraska National Guard official(s).

8. Maintain the list of all designees for the NPS, including those for controlled substances. Provide copies of this list, along with changes, to the Center for Disease Control.

9. Develop a plan for tracking NPS assets that includes:

    a. A spreadsheet or database to track the type and quantity of NPS assets that will be sent to various casualty-treatment centers and PEP dispensing sites.

    b. A process to account for both symptomatic and asymptomatic patients.

    c. A determination of which entities will keep records.

    d. Development of a notification callback system.

10. Develop a plan component addressing the recovery of reusable NPS assets (i.e., ventilators, Vacicool containers and portable suction units) and all NPS air cargo containers that carried assets into the local BT response distribution process.

11. Prepare contingency plans for each of the four NPS release scenarios (Biological Event/Many Symptomatic Patients; Chemical/Nerve Agent Event with Patients; Biological Event/Handled Locally; and, Biological Event/Few, if

any, Symptomatic Patients) and their storage and transport requirements, specifically developing a system to enable central command to:

a. Identify all sites where casualties are currently receiving care.

b. Obtain a count of casualties under care at each site.

c. Assemble an estimate of casualties en route and likely to be directed to each treatment site.

d. Determine any unusual types or amounts of IV drugs or medical material each site may need. Translate these data into specific order for distributing NPS medical material and IV drugs or nerve agent antidote.

12. Develop a contingency plan that accounts for the 4 NPS release scenarios and their storage requirements and coordinate these requirements with the Nebraska National Guard. This plan will include the need to arrange a durable agreement that on short notice would:

    a. Give ready access to a 5,000 sq. ft., temperature-controlled storage facility near the airport.

    b. Provide security that includes limited access only to authorized personnel and identify who is authorized.

    c. Address environmental concerns, i.e., clean and dry and kept at 58-86 degrees F, and that this is checked periodically for compliance.

13. Develop a contingency plan that accounts for the 4 NPS release scenarios and their local transportation requirements and coordinate these requirements with the Nebraska National Guard. This plan will include the need to arrange a durable agreement that on short notice would:

    a. Provide cargo vehicles capable in number and size to move IV drugs to storage or treatment sites.

    b. Ensure that necessary equipment and personnel are available to off-load the NPS material from trucks once it reaches the dispensing sites.

14. Develop a plan for repackaging of NPS Oral Medicines for Post-Exposure Prophylaxis (PEP). This plan should address the use of the NPS supply of “blister packs” unit doses (i.e., for emergency, distributing, and dispensing staff, and family members, as initial doses for the general public, etc.). As part of the repackaging plan the following should be included:

    a. Centralized Repackaging: see checklist at Attachment 1, items L1a through L1k.

b. Decentralized Repackaging: see checklist at Attachment 1, items L2a through L2k.

c. Pharmacy Repackaging: see checklist at Attachment 1, items L3a through L3i.

d. Mail-out Pharmacy CMOP Repackaging: see checklist at Attachment 1, items L4a through L4f.

15. Develop a plan for Post-Exposure Prophylaxis and Therapeutic Treatment. This plan should include developed treatment protocols and processes as listed on the checklist at Attachment 1, items Ma through Mm.

D. Nebraska National Guard

1. Provide NEMA with an ESF 10 coordinator responsible for the planning and coordination of bio-terrorism response and NPS interface. Responsibilities will include planning for security for NPS assets and both CDC and local personnel managing them, and the transportation/distribution of NPS material and assets. Coordinate planning for NPS security with the Nebraska State Patrol and NPS transportation requirements with the Nebraska Health and Human Services System.

2. Identify personnel (and their duties) that will be at the airfield to meet the NPS.

3. Provide Air National Guard facilities for the reception/parking of either Boeing 747 or McDonald Douglas MD-11 wide-body aircraft that will deploy the NPS. This includes one or more remote access ramps away from active runways and near aircraft hangers.

4. Coordinate for alternate Federal Express or United Parcel Service airfield and reception facilities if the National Guard facilities are not available or if it is determined that these alternate facilities are more desirable due to the terrorist situation.

5. Provide a >5,000 square foot hanger that can be accessed to temporarily store the NPS. Provide loading equipment, including a P1 pallet handler and a 10K forklift (K-loader) with extended tines for off-loading and movement of NPS materials.

6. Provide support to the HHSS plans for each of the 4 NPS release scenarios and their storage requirements, specifically the need to arrange a durable agreement that on short notice would:

a. Give ready access to a 5,000 square foot, temperature-controlled storage facility near the airport.

b. Provide security that includes limited access only to authorized personnel and identify who is authorized.

c. Address environmental concerns, i.e., clean, dry, kept at 58-86 degrees F, and checked periodically.

7. Identify facilities/means to store NPS controlled substances that will not be immediately needed, along with security measures to minimize the potential for diversion of these NPS controlled substances. In coordination with the Nebraska HHSS coordinate with DEA field office officials for their evaluation of proposed handling and storage of NPS controlled substances and concurrence with established security and transportation procedures.

8. Coordinate with the Nebraska State Patrol to develop a security plan for the NPS material at the airfield and for security of the NPS Program's Technical Advisory Response Unit (TARU) members and for state/local response staff managing various aspects of NPS assets.

9. Coordinate with the Nebraska State Patrol for security of the NPS in transit from the airfield to storage or to casualty-treatment centers or to PEP dispensing sites. In coordination with the Nebraska State Patrol provide site security and ensure orderly processing at PEP dispensing sites.

10. Provide NPS transportation support for each of the 4 NPS release scenarios and plans, as developed by HHSS. Ensure that necessary equipment and personnel are available to off-load the NPS material from trucks once it reaches the dispensing sites.

11. Provide personnel and other support for the Centralized, Decentralized, Pharmacy, and Mail-out Pharmacy/CMOP Repackaging of NPS materials in support of the plans developed by HHSS (see Attachment 1). This includes:

    a. Providing or coordinating for a probable site – and alternate sites - for repackaging, to include agreements for use of these sites.

    b. Logistic arrangements (for tables, chairs, lighting, food, drinks, portable toilets, etc.) so set up can commence shortly after staffing call down.

    c. Providing personnel to manage and operate the NPS oral drug repackaging process using an ad hoc assembly line (either at the airfield or a site closer to the population center). This includes the staffing call down and organization scheme for setting up, operating, and supervising, under direction of HHSS, the repackaging.

    d. The development of a contingency plan if an event turns out to require many more people by given PEP than was originally anticipated in the original repackaging plan.

e. Development of transportation plans and agreements if the plan is to conduct ad hoc assembly line repackaging at a site other than the airport.

12. Provide security for reusable NPS assets (i.e., ventilators, Vaxicool containers, and portable suction units) and all NPS air cargo containers that carry assets into the BT response distribution process. Support the HHSS plan for recovery of reusable NPS assets and air cargo containers.

E. Nebraska State Patrol (NSP)

1. Provide NEMA with an ESF 7 coordinator responsible for the planning and coordination of law enforcement related bio-terrorism response and NPS interface activities. Responsibilities will include planning for security for NPS assets and both CDC and local personnel managing them.

2. In coordination with the Nebraska National Guard, provide early initial security at the reception airfield and follow-on security for the NPS storage, repackaging, and dissemination facilities, and transportation assets.

3. In coordination with the HHSS and Nebraska National Guard, develop security measures to minimize the potential for diversion of NPS controlled substances.

4. In coordination with HHSS and the Nebraska National Guard, provide security to designated NPS locations, including limiting access to only authorized personnel and identify who is authorized.

F. Nebraska Department of Environmental Quality (DEQ)

1. Provide NEMA with a SEOC representative to provide planning advice and guidance on hazardous materials related issues.

2. Assist in coordinating Federal, State, and local (including private) agencies and resources and provide technical assistance for response, disposal, and recovery from a terrorist or other biological, radiological or hazardous material incident.

G. Nebraska Department of Roads (NDOR)

1. Provide NEMA with an ESF 1 coordinator responsible for the planning and coordination of transportation related bio-terrorism response and NPS interface. Responsibilities will include planning for movement and control of NPS assets and the distribution of NPS materials.

2. Assist in coordinating Federal, State and local agencies and resources in responding to and recovering from a terrorist or other biological or chemical related incident.

H. Federal Emergency Management Agency (FEMA)

1. FEMA may implement the Federal Response Plan, which provides a mechanism for organizing, coordinating, and mobilizing Federal resources to augment State and local resources.

2. Under the Federal Response Plan, FEMA may employ Emergency Support Function 8 (ESF 8) for coordinating medical related response and recovery activities. The lead agency for ESF 8 is the U.S. Department of Health and Human Services, with other agencies as support agencies based on their resources to support a biological or chemical related incident.

Checklist for Planning, Receiving, Organizing, and Distributing.

National Pharmaceutical Stockpile Program Checklist	
Identification of Key Contacts	Done
Have established leads for bio-terrorism (BT) response and NPS interface at the level of:	☐
1. Governor's office.	☐
2. Department of Health.	☐
3. Emergency Management Agency.	☐
4. State Police or law enforcement agencies.	☐
5. State Fire Protection Agency.	☐
6. State Department of Transportation	☐
7. Adjutant General's Office (or equivalent).	☐
8. Agency with authority for statewide hazardous materials response.	☐
9. Metropolitan Medical Response System (MMRS) cities in your state.	☐
Have identified leads responsible for planning:	
1. The request of the NPS.	☐
2. The receipt of NPS assets.	☐
3. Security for NPS assets and both CDC and local personnel managing them.	☐
4. The distribution of NPS assets (i.e., IV drugs and supplies to hospitals for treating symptomatic persons).	☐
5. The distribution of NPS assets [i.e., oral drugs to repackaging and/or dispensing sites for post-exposure prophylaxis (PEP)].	☐
6. The dispensing of NPS repackaged oral drugs for PEP (or bulk drugs for repackaging and PEP).	☐
Receiving the National Pharmaceutical Stockpile	
Have prepared for receipt of NPS material by:	☐
Designating, by the authority of the governor, an official with the authority to request NPS assets.	☐
Providing a list of officials who are authorized to sign for receipt of NPS assets.	☐
Designating, by the authority of the governor, persons who will take responsibility for and control NPS assets once they are transferred.	☐
Identifying an official (by name, title, agency, and points of contact) who must be updated on transport activities while the NPS is en route. (This person will act as the state point-of-contact for the NPS until the NPS is signed over at the airfield).	☐
Determining other agencies (and their duties and contacts) that will also be at the airfield to meet the NPS.	☐
Identifying the most appropriate operation center (state, federal, department of health, other) to position NPS Technical Advisors (who will assist the state with requests for NPS materiel).	☐

Designating airfield(s) or ground transport sites where CDC will transfer NPS assets to the state.	□
Determining under what (if any) circumstances a local agency or MMRS may sign for the NPS, providing a list of approved agencies and officials (by name and title).	□
Have developed a plan for dealing with controlled substances by:	□
Designating a DEA registrant (and backup) to sign for receipt of NPS controlled substances.	□
Identifying means to store NPS controlled substances that will not be immediately needed.	□
Developing security measures to minimize potential for diversion of NPS controlled substances.	□
Meeting with State Pharmacy Board official(s) for their evaluation of proposed handling and storage of NPS controlled substances, and concurrence with those procedures.	□
Meeting with DEA field office official(s) for their evaluation of proposed handling and storage of NPS controlled substances, and concurrence with those procedures.	□
Have identified someone to assume administrative responsibility for maintaining the list of all designees, including for controlled substances, updating changes, and providing copies to CDC.	□
Organizing the National Pharmaceutical Stockpile	
<u>Airfield</u> Have identified airfields where the NPS could potentially land, specifically confirming that each has:	□
The capacity to land wide-body cargo aircraft.	□
FedEx and/or UPS loading equipment, including a P1 pallet handler and a 10K forklift with extended tines.	□
One or more remote access ramps away from active runways and near to aircraft hangers.	□
4. Electronic guidance capability.	□
5. A nearby >5,000 square foot hanger that can be accessed to temporarily store the NPS, if needed.	□
<u>Security</u> F. F. Have developed a plan for after the NPS has arrived which identifies entities that agree to provide:	□
1. Physical security for the NPS material at the airfield.	□
2. Security for the NPS Program TARU members and for state/local response staff managing various aspects of NPS assets.	□
Security of the NPS in transit from the airfield to storage or to casualty-treatment centers or to PEP dispensing sites.	□
4. Site security and ensure orderly processing at PEP dispensing sites.	□

Tracking G. Have developed a plan for tracking that includes:	□
A spreadsheet or database to track the type and quantity of NPS assets that will be sent to various casualty-treatment centers and PEP dispensing sites.	□
2. A process to account for both symptomatic and asymptomatic patients.	□
3. A determination of which entity will keep records.	□
4. Development of a notification callback system.	□
Recovery H. Have developed a plan component addressing the recovery of reusable NPS assets (i.e., ventilators, Vaxicool containers, and portable suction units) and all NPS air cargo containers that carried assets into the local BT response distribution process.	□
Distributing NPS Parenteral Medicines and Supplies for Treatment of Symptomatic Patients	
Contingencies I. Have plans in place for each of the four NPS release scenarios and their storage and transport requirements, specifically developing a system to enable central command to:	□
1. Identify all sites where casualties are currently receiving care.	□
2. Obtain a count of casualties under care at each site.	□
3. Assemble an estimate of casualties en route and likely to be directed to each treatment site.	□
4. Determine any unusual types or amounts of IV drugs or medical materiel each site may need.	□
5. Translate these data into specific order for distributing NPS medical materiel and IV drugs or nerve agent antidote.	□
J1. Have a plan in place that accounts for the 4 NPS release scenarios & their storage requirements, specifically the need to arrange a durable agreement that on short notice would:	□
a. Give ready access to a 5,000 sq. ft., temperature-controlled storage facility near to the airport.	□
b. Provide security that includes limited access only to authorized personnel and identify who is authorized	□
c. Address environmental concerns, i.e., clean, dry, kept at 58°F-86°F, & checked periodically	□
J2. Have a plan in place that accounts for the four NPS release scenarios and their local transportation requirements, specifically the need to arrange a durable agreement that on short notice would:	□
a. Provide cargo vehicles capable in number and size to move IV drugs to storage or treatment sites.	□
b. Ensure that necessary equipment and personnel are available to off-load the NPS materiel from trucks once it reaches the dispensing sites.	□

Repackaging NPS Oral Medicines for Post-Exposure Prophylaxis (PEP)	
K. Have a plan that addresses use of the NPS supply of "blister packs" unit doses (i.e., for emergency, distributing, and dispensing staff, and family members, as initial doses for the general public, or both).	□
Repackaging L1. Centralized Repackaging - The plan to manage the NPS oral drugs is to repackage using an ad hoc assembly line (either at the airfield or a site closer to the population center) and the plan specifies:	Yes □
a. The probable site or site possibilities for repackaging, is agreed to by whomever controls it/them (e.g., airport/airline officials for hanger space, a civic arena/indoor stadium manager, etc.).	Done □
b. Logistical arrangements (for tables, chairs, lighting, food, drinks, portable toilets, etc.) are made so set up can commence shortly after a staffing call down.	□
c. The plan for staffing call down and an organization scheme for setting up, operating, and supervising the repackaging.	□
d. The repackaging staff (e.g., civic/fraternal groups, governmental employees, National Guard, CCRF) that are identified and have agreed to participate, if called upon.	□
e. The proposal to orient (and possibly train) any local would-be repackaging staff.	□
f. A communication system that will ensure the timely delivery of repackaged oral drugs based on the rate of PEP dispensing and the numbers of persons waiting in lines at each site.	□
g. The procedure for efficiently & securely delivering patient-ready unit doses to dispensing sites.	□
h. The contingency plan if an event turns out to require that many more people be given PEP than was anticipated in the original repackaging plan.	□
i. The contingency plan if an event requires PEP for a multitude (e.g., a major city of hundreds of thousands or millions, or an entire metropolitan area) calling for many more repackaging staff and possible use of additional repackaging options (e.g., mail-out pharmacies, VA CMOPs) and dispensing site options beyond those initially identified.	□
j. A communications plan to coordinate public notification of the public about dispensing site locations and operating times with the point that the repackaging effort begins producing individual doses to supply PEP activities at these sites.	□
k. Transportation plans, and agreements (e.g., from a transporter, DOT, police) IF the plan is to conduct ad hoc assembly line repackaging at a site other than the airport.	□

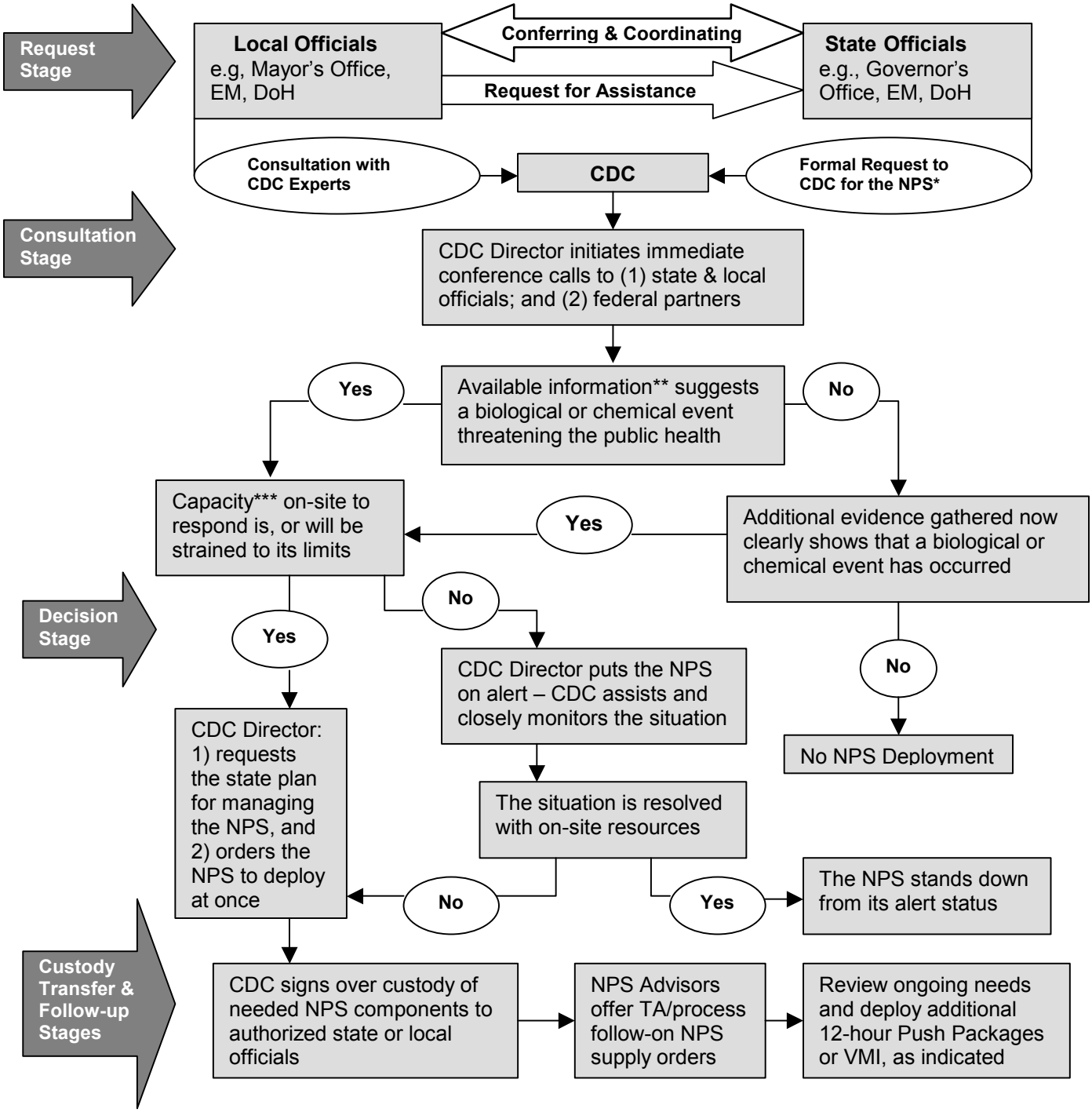
L2. Decentralized Repackaging – Repackaging of NPS oral drugs will be done at dispensing sites (school auditoriums, community halls, recreation centers, fire stations, etc.) as or just before people receive them.	Yes □
a. The probable sites or site possibilities for repackaging, are agreed to by whomever controls them.	Done □
Logistical arrangements (for tables, chairs, etc.) are made so that each site can set up and commence operations shortly after a staffing call down.	□
The organization scheme for setting up, operating, and supervising the dispensing sites, including the repackaging effort.	□
The dispensing site/repackaging staff (e.g., civic/fraternal groups, governmental employees, National Guard, CCRF) that are identified and have agreed to participate, if called upon.	□
The proposal to orient (& possibly train) any local would-be dispensing site/repackaging staff.	□
A communication system that will ensure the timely delivery of additional bulk oral drugs based on the rate of PEP dispensing and the numbers of persons waiting in lines at each site.	□
The procedure for efficiently & securely delivering more bulk oral drugs to dispensing sites.	□
Transportation plans and agreements from a transporter, DOT, and police (state and local).	□
The contingency plan if an event turns out to require that many more people be given PEP than was anticipated in the original repackaging plan.	□
The contingency plan if an event requires PEP for a multitude (e.g., a major city of hundreds of thousands or millions, or an entire metropolitan area) calling for many more repackaging staff and possibly using more repackaging options (e.g., mail-out pharmacies, VA CMOPs) and dispensing site options (e.g., pharmacies).	□
A communications plan to coordinate notification of the public about dispensing site locations and operating times contingent upon repackaging efforts producing individual doses to supply PEP activities at these sites.	□
L3. Pharmacy Repackaging - The plan for managing the NPS oral drugs is to repackage at area pharmacies that will be serving as PEP dispensing sites.	Yes □
a. Each pharmacy designated as a repackaging/PEP dispensing site has agreed to play this role by whomever controls them locally and also at a corporate level, where applicable.	Done □
Staff (e.g., civic/fraternal groups, governmental employees, National Guard, CCRF) that are identified and have agreed to help supplement the staff of each dispensing site pharmacy, if called upon.	□
The proposal to orient (& possibly train) supplemental dispensing site pharmacy staff and volunteer staff in carrying out PEP activities.	□

A communication system that will ensure the timely delivery of additional bulk oral drugs based on the rate of PEP dispensing and the numbers of persons waiting in lines at each site.	□
The process for efficiently & securely delivering additional bulk oral drugs to dispensing sites.	□
Transportation plans and agreements from a transporter, DOT, and police (state and local).	□
The contingency plan if an event turns out to require that many more people be given PEP than was anticipated in the original repackaging plan.	□
The contingency plan if an event requires PEP for a multitude (e.g., a major city of hundreds of thousands or millions, or an entire metropolitan area) calling for many more repackaging staff and possibly using more options (e.g., mail-out pharmacies, VA CMOPs) and types of dispensing sites (e.g., schools, recreations halls, auditoriums, etc.).	□
A communications plan to coordinate public notification of the public about dispensing site pharmacy locations and operating times with the point that the repackaging effort begins producing individual doses to supply PEP activities at these sites.	□
L4. Mail-out Pharmacy/CMOP Repackaging - The plan for managing the NPS oral drugs is to repackage at a private mail-out pharmacy or a VA CMOP located in the state.	Yes □
a. The private mail-out pharmacy or VA CMOP agrees at both the local and top management levels to serve as a NPS oral drug repackager in case of a biological terrorist event.	Done □
b. The scheme for efficiently & securely delivering bulk oral drugs to the mail-out pharmacy (or VA CMOP) and the unit doses from there to the dispensing sites in the affected localities.	□
c. Transportation plans and agreements from a transporter, DOT, and police (state and local).	□
d. The contingency plan if an event turns out to require that many more people be given PEP than was anticipated in the original repackaging plan.	□
e. The contingency plan if an event requires PEP for a multitude (e.g., a major city of hundreds of thousands or millions, or an entire metropolitan area) calling for many more repackaging staff and possibly using more options (e.g., using pharmacies and establishing ad hoc assembly lines packing individual doses by hand) and types of dispensing sites (e.g., pharmacies, schools, recreations halls, auditoriums, etc.).	□
f. A communications plan to coordinate public notification of the public about dispensing site pharmacy locations and operating times with the point that the repackaging effort begins producing individual doses to supply PEP activities at these sites.	□

Protocols for Post-Exposure Prophylaxis (PEP) and Therapeutic Treatment M. Have developed treatment protocols and processes including:	□
a. Treatment protocol for PEP, i.e., how much of which drug will be initially dispensed, how much at follow-up visits, how many follow-up visits will there be.	□
b. Treatment protocols for adults; immunosuppressed individuals; geriatric patients; and children (including care of unaccompanied minors).	□
c. Treatment protocols for persons in hospitals, correctional facilities, nursing homes, and in the homebound health care system.	□
d. Policy on giving PEP doses only to those who report to a dispensing site, vs. giving doses to the head-of-household for any family members or others in the home who are too young, frail, immobile, etc., to come and wait in line.	□
In crafting policy on "c" above, additionally either (1) determined how "no-show" household members will get PEP or (2) whether verification will be required to prove that the claimed persons at home really exist (and then determined what qualifies as verification).	□
The responsibility for, and an outline of, an intense public information campaign explaining that different kinds of tablets are being used for PEP in an anthrax event.	□
The responsibility for, and an outline of, an intense public information campaign to reinforce compliance with instructions for taking oral medication for PEP.	□
Contingency plans for preparing ciprofloxacin and/or doxycycline orl suspension from tablets, including the personnel (e.g., local pharmacists, pharmacy students, CCRF pharmacists) to carry that out.	□
Patient drug information sheets (in various languages) including facts about adverse reactions.	□
Patient triage (i.e., who gets treated first?) for purposes of dispensing PEP.	□
If, for PEP purposes, effort will go into sorting out the "worried well" from those truly exposed.	□
Information (via mass media) reinforcing the PEP regimen and schedules for getting next doses.	□
Follow-up care/evaluation/assessment of adverse reactions/therapeutic success vs. failure.	□

Note: For National Pharmaceutical Stockpile planning purposes, the term "distribution" means the delivery of material to therapeutic treatment site(s) (hospitals, etc.) as well as to the local mass medication dispensing center(s). The term "dispensing" is used to describe the process that takes place at the mass medication dispensing center(s) where repackaged NPS oral medications are given out to asymptomatic persons for post-exposure prophylaxis.

Algorithm
for Requesting, Deploying, and Receiving
The National Pharmaceutical Stockpile
In a Suspected Biological or Chemical Terrorism Event



Algorithm
for Requesting, Deploying, and Receiving
The National Pharmaceutical Stockpile

in a Suspected Biological or Chemical Terrorism Event

Endnotes

CONTACTING CDC IN AN EVENT

The state makes the formal requests for federal assistance in the national emergency response system. Formal requests to CDC for the NPS in a terrorism incident also will follow this rule.

** EVIDENCE CONSIDERATIONS

- Overt release of a chemical or biological agent.

Claim of release with intelligence and/or law enforcement confirmation.

Clinical/epidemiologic indications, including:

A large number of ill persons with similar disease or syndrome;

A large number of unexplained disease, syndrome, or deaths;

Unusual illness in a population;

Higher morbidity & mortality with a common disease or syndrome;

Failure of a common disease to respond to usual therapy;

Single case of disease caused by an uncommon agent;

Multiple unusual or unexplained disease entities in the same patient with other explanation;

Disease with unusual geographic/seasonal distribution;

Multiple atypical presentations of disease agents;

Similar genetic type in agents isolated from temporally/spatially

*** CAPACITY CONSIDERATIONS

Number of current casualties.

Projected needs considering the population of the area (including transients), and possible infections versus non-infections.

Presence of an identifiable, coordinated NPS annex to the state/local bioterrorism response plan.

Hospital capacity at the time of the event, including ICU beds and ventilator needs.

State resources identified, including pharmacy distributors, oxygen availability, other nearby hospitals, and in-state alternative care centers.

Local resources, e.g., pharmacy distribution, oxygen availability, and transport capacity.

Whether or not prior plans and preparations have been made to receive, organize, repackage (oral antibiotics should the event suggest a biological release), and plans are substantive enough to be fully activated at this time.

Forward ASAP to CDC a copy of the state plan for managing the NPS.

distinct sources;
Unusual, atypical, genetically engineered or antiquated strain of the agent;
Endemic disease/unexplained increase in incidence;
Simultaneous clusters of similar illness in non-contiguous areas;
Atypical aerosol/food/water transmission;
Ill people presenting near the same time;
Deaths/illness among animals that precedes/accompanies human death;
No illness in people not exposed to common vent systems, but in those in proximity to the systems.
Review of laboratory information
Unexplainable increase in EMS requests.
Unexplainable increase in antibiotic
prescriptions or OTC medication use.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Disease Control and Prevention (CDC)

****DRAFT**** ****DRAFT**** ****DRAFT**** ****DRAFT****

CDC National Pharmaceutical Stockpile Program
Medical Materiel Transfer Form

The CDC National Pharmaceutical Stockpile Program hereby transfers medical materiel from the National Pharmaceutical Stockpile into the custody and control of the receiving authority listed below. By signing this form, the receiving authority acknowledges receipt of the medical materiel listed on the accompanying manifest.

The receiving authority accepts full responsibility for the materials entrusted into its possession and agrees to abide by the terms, conditions, and responsibilities, of all applicable agreements between the Centers for Disease Control and Prevention (CDC), and state and local authorities, as well as all applicable federal and state laws and regulations.

_____

Provisionary CDC National Pharmaceutical Stockpile Authority
(PRINT NAME & TITLE)

SIGNATURE & DATE

_____

Authorized Receiving Authority
(PRINT NAME & TITLE)

SIGNATURE & DATE

RADIOACTIVE MATERIALS TRANSPORTATION ACCIDENT EMERGENCY ACTION PLAN

I. Authority

The Nebraska Radioactive Materials Transportation Emergency Action Plan is adopted pursuant to the Nebraska Emergency Management Act of 1996 as amended (81-829.36 to .75) and the Radiation Control Act as amended (71.3501 to 3520). For this plan, "radioactive material" means any material having a specific activity greater than 0.002 microcuries per gram (μCi/gm)[49 CFR 173.403(y)(1)].

II. Purpose

It is the purpose of this plan to:

A. Serve as a guide for state agencies and to provide guidelines to assist local planners.

B. Provide an effective means for State agencies to interface with local governments in response to any transportation accident involving radioactive material (i.e., High Level Radioactive Waste, Low-Level Radioactive Waste, Nuclear Weapons, etc.), which is transported through Nebraska.

C. Provide reasonable assurance that government efforts will be directed towards mitigating the consequences of such accidents and appropriate measures will be taken to protect health and safety as well as to prevent damage to property.

D. Delineate responsibilities and provide for cooperation and coordination of State agencies with local governments and their agencies, to include coordination with other states in an effective response to accidents involving radioactive materials throughout Nebraska.

III. Responsibilities

The responsibilities of the Shipper/Carrier/Licensee, Responsible Political Sub-division, State and Federal Governments are listed in Attachment 1.

IV. Concept of Operations

A. Command and Control

1. Responsible Political Sub-division

An incident commander is designated at any radioactive material transportation accident following the Incident Command System and

established procedures of the Responsible Political Sub-division in whose jurisdiction the accident occurs.

2. State

   a. State initial response actions will be based on the priority needed to rapidly begin health hazard assessment by the Department of Health and Humans Services Regulation and Licensure (HHS R&L), and the Department of Environmental Quality (DEQ), as required. HHS R&L will make early recommendations as to the potential scope of the initial State response operation and will coordinate support requirements with the Nebraska Emergency Management Agency (NEMA). Much will depend on the incident, radiation release, and travel time to the scene. Thus a wide range of response/increased readiness measures could be applied. The level of response effort must be adjusted to meet the urgency of the situation.

   b. On receipt of information indicating the need for State response, the State Emergency Operations Center (EOC) may be activated and a State Emergency Proclamation may be made by the Governor. State agencies having responsibilities under this plan will be notified and kept informed of the progress of the incident.

   c. When the State EOC is activated, agency representatives, as required, will relocate to the State EOC and establish contact with their personnel in the field. If the decision is made to send the State Field Command Post (FCP) to the incident/accident scene, the State EOC will coordinate needed support arrangements. A Governor's Authorized Representative (GAR) may relocate to, and operate from the State FCP. If relocated to the State FCP, the GAR will coordinate State agency activities responding to the emergency. The GAR will also be a point of decision for implementation of protective actions as recommended by scientific/technical advisors. While the State EOC will maintain close coordination with the State FCP to ensure exchange of information, it will be the principle point of contact with the State EOCs of adjacent states. Throughout the duration of the emergency, the State EOC, the State FCP, and the Responsible Political Sub-division EOCs will be points of coordination for governmental operations. The State EOC or if operational, the State FCP, will be the focal point for coordination of outside assistance to the Responsible Political Sub-division's EOC.

   d. Early efforts will be made to initiate coordination with the emergency organization and management of the carrier (whether air, motor, or railroad) concerned. HHS R&L, and if required, Department of Environmental Quality (DEQ) personnel, will work with the Responsible Political Sub-division, and shipper/carrier representatives in order to begin orderly planning for the eventual clean-up, decontamination, and re-entry.

B. Radiological Assessments

1. Initial assessment will be conducted by the local agencies involved. If radiological assessment is beyond the capabilities of local agencies, the Nebraska Emergency Management (NEMA), based on the requirements of the Responsible Political Sub-division, will contact the Department of Health and Human Services Regulation and Licensure (HHS R&L), and other agencies as may be necessary to radiologically survey the scene. After a survey, HHS R&L may declare that a radiological hazard exists and may direct that a control zone be maintained until the hazard is corrected.

2. Responsible Political Sub-division agencies are responsible for the control of radiation exposure to: the general population, emergency workers; and for assistance to emergency medical personnel regarding any possible radiation hazards. HHS R&L will provide assistance.

C. Containment

1. Containment actions are those initial actions necessary to protect the public health, safety, welfare, and the environment. Such actions include:

   a. Providing first aid to the injured.

   b. Zoning and securing the area, keeping all unauthorized personnel away from the incident to the extent possible.

   c. Staying upwind of the accident scene.

   d. Obtaining the names, addresses, and telephone numbers of all persons involved.

   e. Detaining non-injury persons involved with the incident until monitored for and found clean of any contamination.

   f. Building coffer dams to prevent possible run-off of radioactive materials.

   g. Determining if other hazardous materials are present, which hazards are greater, and taking such actions as necessary to reduce the dangers and damage presented by the greater hazards.

2. If it is determined that a radiological hazard exists and based on a request from the chief executive of the Responsible Political Sub-division, HHS R&L will oversee and coordinate all activities necessary to minimize or eliminate the hazard.

3. Containment actions shall be performed by personnel of the carrier and shipper or their contractors under the direction of the Responsible Political

Sub-division and with the consent of HHS R&L, and the Department of Environmental Quality (DEQ), when applicable.

4. In those situations where nuclear weapons are involved, the Federal Department of Energy (DOE) Radiological Assistance Team (RAT) will provide technical support. Time permitting, actions will be taken in consultation with the technical staff of the Department of Health and Human Services Regulation and Licensure (HHS R&L), the Nuclear Regulatory Commission (NRC), the Federal Department of Energy (DOE), and the shipper.

D. Mitigation and Recovery

1. Once the radiological hazard incident site is zoned and secured, and no further containment measures are necessary, actions will be taken to recover and dispose of the radioactive material from the affected areas. Mitigation and recovery actions shall be performed by personnel of the carrier and shipper or their contractors. The Responsible Political Sub-division and the HHS R&L, will oversee and coordinate those activities necessary to minimize or eliminate the hazard.

2. State personnel will not participate in actual mitigation and recovery activities, unless requested by the Responsible Political Sub-division.

3. Recovery operations will be inspected by HHS R&L to determine the reduction of radiation and radioactive contamination as a result of recovery operations.

4. Once the radiological hazard has been eliminated and a determination made that no other non-radiological hazards exist, the accident scene will be declared safe by the Responsible Political Sub-division with advice from HHS R&L, and as required, the Department of Environmental Quality (DEQ).

V. <u>Radioactive Materials Transportation Accident Notification Procedure</u>

A. When the Responsible Political Sub-division's initial responding agency receives a report of an accident or incident involving radioactive material, the following procedures and notification will be implemented:

1. The initial Responsible Political Sub-division's responding agency will request as much information as possible from the reporting party as to the type of accident, injuries, road blockage, fire, spilled cargo, etc., for the Incident Report.

2. Concurrently, the Responsible Political Sub-division will dispatch emergency response personnel and notify the Nebraska Emergency Management Agency (NEMA) by calling 1-877-297-2368 or after normal working hours the

NEMA Duty Officer Pager at (402) 790-9412 and leaving a call back number. The call will be returned within 10 minutes.

3. It is *critical* that the Nebraska Emergency Management Agency (NEMA) in Lincoln be given the *name and call-back telephone number of a First Responder who has information* pertaining to the accident/incident. The *First Responder* should be able to answer the below listed on the following page:

FIRST RESPONDER QUESTIONS

1. Caller's identification, i.e., name, location, call-back telephone number?

2. Location and description of incident?

3. Why does the First Responder think a radiation source or radiation hazard is involved?

4. Has the incident area been isolated? Barricaded? Roped off? Otherwise restricted to prevent public entry?

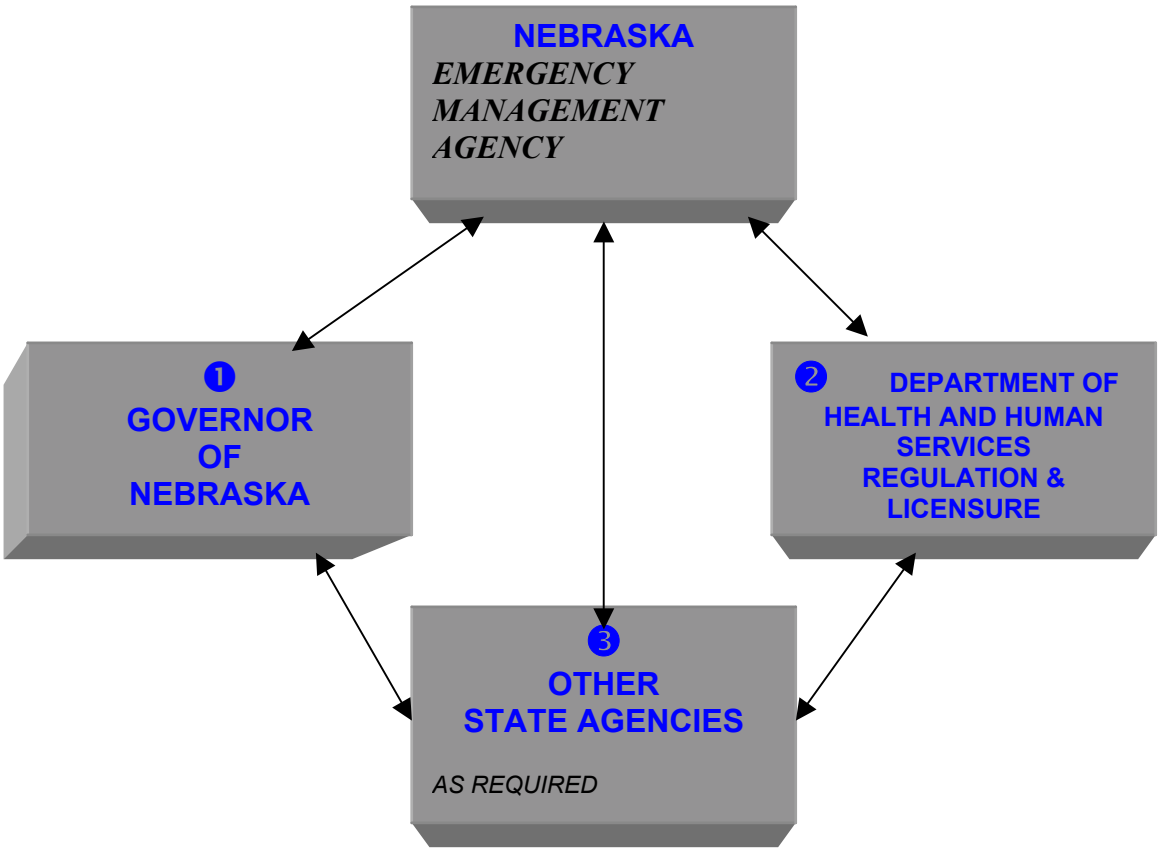
5. Name of the person, trucking company, manufacturing plant, doctor's office, etc., associated with or cause of the incident?

6. What kind of radiation source is involved? (radioactive material, x-ray, weapons, other)

7. Any indication of the quantity of radioactive material or size of radiation source involved? (amount, size of packages, quantity identified on labels, paperwork, etc.)

8. What type of package(s) is the radioactive material/source contained in? (55 gallon drums, boxes, vials, casks, etc.)

4. NEMA will then contact all State agencies needed to provide assistance, beginning with the Governor and Department of Health and Human Services Regulation and Licensure (HHS R&L), concurrently.



B. If the Responsible Political Sub-division agencies dispatched to the scene do not have trained personnel and radiological detection instruments, the closest available personnel trained in radiological monitoring and instruments will be located either through the local Emergency Management Director or through the Nebraska Emergency Management Agency (NEMA), and brought to the scene by the most expeditious manner.

VI. Response Phases

Operation and response activities in radioactive materials incidents can be categorized into five relatively distinct phases. Each specific incident will require that knowledge, judgement and discretion be used since not all recommended actions are necessary, adequate or applicable in each case.

A. Phase I – Discovery and Notification

1. Upon notification that an incident has occurred, the local Radiological Response Plan should be implemented and the Nebraska Emergency Management Agency (NEMA) notified for implementation of part or all of the State Emergency Operations Plan and this Annex, if necessary.

2. Due to the sensitive nature of the radioactive materials incident which could easily cause wide spread concern, public notification and warning information should be carefully prepared and be as specific as circumstances permit. Warnings should include sufficient information so the public can take appropriate protective actions. Specific hazard area limits should be given as soon as possible, and any warning information given to the public should be repeated on a periodic basis.

B. Phase II – Evaluation and Initiation of Action

1. The first emergency response agency should assume control over the accident scene upon arrival at the scene. The Incident Commander (IC) will assess the situation and give instructions to all other emergency personnel in accordance with local procedures and as provided by the IC's technical training, experience and knowledge.

2. The following initial response actions should be implemented:

a. Assess the incident.

b. Perform life-saving rescues and emergency first aid.

c. Identify potentially contaminated individuals and control their movement.

d. Protect the area of the incident.

e. Summon assistance (The IC will determine appropriate agency expertise required).

f. Establish a control zone.

g. Minimize contact with the radioactive material.

C. Phase III – Containment

1. The carrier and shipper shall take all appropriate and necessary initial actions to protect the public health, safety and welfare; wildlife; and the environment. Initial responders shall inspect measures taken by the shipper and carrier to ensure adequate containment is achieved as per Department of Health and Human Services Regulation and Licensure (HHS R&L) instructions. Once HHS R&L arrives, and if requested by the Responsible

Political Sub-division Authorities, they will ensure all actions necessary for adequate containment and public health and safety have been taken by the carrier and the Responsible Policitial Sub-division Authorities.

2. Additional actions which may be necessary include:

   a. A detailed on-site radiological assessment.

   b. Defining the area of contamination.

   c. Identifying short and long term effects of contamination.

   d. Evaluating effectiveness of containment.

D. Phase IV – Mitigation and Recovery

1. Once the radioactive materials incident area is secure and no further containment measures are necessary, actions will be taken to recover the radioactive material and mitigate the effects of the incident. Based on a request from the Responsible Political Sub-division, the Department of Health and Human Services Regulation and Licensure (HHS R&L), shall inspect recovery and mitigation activities of the carrier and shipper, and has the right to split samples with the carrier and the shipper to ensure that proper cleanup is achieved.

2. The Mitigation and Recovery phase shall continue until the Responsible Political Sub-division Authorities, in coordination with HHS R&L, and the Department of Environmental Quality (DEQ) as required, determine that acceptable cleanup has been achieved.

E. Phase V – Documentation and Reporting

1. Documentation of Participating Agencies' Expenses and Losses

   a. Detailed documentation of costs incurred in radioactive materials incident response is necessary for potential cost recovery and litigation purposes.

   b. All agencies, including State and Responsible Political Sub-division Authorities, who respond to transportation accidents involving radioactive materials may be eligible for reimbursement of their expenses by the carrier and/or the shipper. Therefore, complete and detailed documentation of all expenses incurred, actions taken at the scene, and those support those actions taken at the scene, are required for the purpose of:

      1) Reimbursement for expenses, when applicable

      2) Legal claims

3) Dose assessment

4) Accident investigation

5) Statistical analysis; and

6) Planning

c. All agencies, including State and Responsible Policitical Sub-division Authorities, who respond to transportation accidents involving radioactive materials shall submit the detailed documentation of expenses and losses to the responsible shipper and carrier.

d. The State may seek to recover response expenses from the responsible party through legal procedures. All agencies incurring such expenses should contact the State Attorney General's Office for coordination of operational and administrative cost recovery efforts.

2. Reports

a. A chronological log of events shall be provided by participating governmental agencies, both local and state, to the Director, Nebraska Emergency Management Agency (NEMA) and the Nebraska Nuclear Waste Transportation Working Group within 30 days after the termination of the event. The report should also include in narrative form any pertinent information, observations, and comments on problems or recommendations for improvement, and expenses incurred.

b. The Nebraska Nuclear Waste Transportation Working Group in conjunction with NEMA, shall review operational incident reports to evaluate the effectiveness of policies, plans and procedures for improvement purposes.

VII. Protective Action Guides

Protective Action Guides for Initial Response Actions, Local Command and Control, Containment, and Mitigation and Recovery are found in Attachment 2.

VIII. Equipment and Supplies

A. Equipment and supplies are the responsibility of responding agencies.

B. If demand and requirements exceed the capabilities of the Responsible Political Sub-division, including exhaustion of mutual aid resources, requests for

additional supplies and equipment will be made to NEMA through its Emergency Operations Center.

IX. Communications

A. The Responsible Political Sub-division is responsible for establishing a local communications center when required.

B. If State assistance is requested, a communications center will be established at the State Field Command Post (FCP) to coordinate the communication activities of those State agencies whose assistance has been requested.

C. Equipment to support the State FCP will be comprised of that equipment in place on either a day-to-day application or on a contingency basis, together with mobile and portable equipment arriving with or as requested by the local Emergency Management Director/Coordinator.

X. Federal Resources

A description of Federal Resources is located in Attachment 3.

XI. Public Information

Information to the public and press will be provided/coordinated, as necessary, by the designated Responsible Political Sub-division's Public Information Officer (PIO), or upon request, by the Department of Heath and Human Services Regulation and Licensure (HHS R&L) PIO in coordination with the Nebraska Emergency Management Agency (NEMA) PIO.

XII. Organization, Maintenance and Review

A. The organizational structure for review, revision, and distribution of this plan, as well as post-accident review shall consist of the State Nuclear Waste Transportation Working Group. The State Nuclear Waste Transportation Working Group shall meet at least semi-annually to develop and maintain a comprehensive emergency response plan, review planning guidance, review any incident which occurred since the last meeting, report resources and needs, and recommend legislation. The State Nuclear Waste Transportation Working Group shall consist of representatives of:

1. Governor's Policy Research Office (Chair)

2. Department of Health and Human Services Regulation and Licensure (HHS R&L)

3. Nebraska Department of Energy (DOE)

4. Nebraska Department of Environmental Quality (DEQ)

5. Nebraska Department of Roads (DOR)

6. Nebraska Emergency Management Agency (NEMA)

7. Nebraska State Emergency Response Team (SERT)

8. Nebraska State Patrol (NSP)

B. The State Nuclear Waste Transportation Working Group shall be responsible for updating the information and procedures outlined in this Annex. The Annex shall be reviewed at least one annually.

PROTECTIVE ACTION GUIDES

I. INITIAL RESPONSE ACTIONS

A. The following steps are to be followed at the earliest possible time by those individuals first arriving at the scene of the radiological incident. These steps are given as guidance for First Responders who may not be thoroughly trained in response to radiological incidents. Those First Responders arriving at the scene have primary responsibility to carry out the items listed below.

1. Contact the Responsible Political Sub-division and its Emergency Management Director/Coordinator as soon as possible.

2. Wear protective clothing, if available.

3. Restrict the area of the incident.

   a. Keep the public as far as possible from the incident scene and any associated debris.

   b. Keep upwind of the incident, especially where fire is present.

   c. The area downwind of the fire, especially if smoke and ash are involved, should be cleared of people, even if these are residents.

4. Perform life-saving rescues and emergency first aid.

   a. Remove injured persons as far away as practical from the incident scene, especially in case of fire.

   b. If medical attention is indicated, assist in arrangements for medical assistance. The medical personnel should be informed that radioactive contamination might exist on the victims and/or their clothing.

5. Identify the hazard. If possible, obtain:

   a. Shipping papers,

   b. Manifests,

   c. High-level nuclear waste shipping permits and documents, if any,

   d. Any other information available from the driver.

6. If there is a fire or danger of fire, summon assistance from the nearest fire department. Fire personnel should be cautioned that radioactive materials are involved.

7. Keep to an absolute minimum, any contact with radioactive material and suspected contaminated material.

    a. If work connected with rescue or fire fighting must be done in the incident area, handle the debris resulting from an incident with mechanical means to avoid contact with clothing.

    b. Clothing and tools used at the scene should remain until they have been checked for contamination by a Radiation Health Professional or the Department of Heath and Human Services Regulation and Licensure (HHS R&L) technician.

    c. Do not attempt to move or cleanup any material involved.

8. Detain all persons

    a. Identify all persons who may have been exposed to a possible release of radioactive materials.

    b. Detain all persons involved with the incident or potentially contaminated by the incident at the scene, except those requiring emergency medical evacuation.

    c. Individuals will be monitored, decontaminated if necessary, and cleared after further medical treatment and released.

    d. Record names, addresses, destinations, and telephone numbers from those individuals who cannot be persuaded to stay at the incident scene.

9. Prohibit eating, drinking, or smoking in the incident area.

B. It is important to remember that only essential activities are carried out in proximity to the incident prior to the arrival of, or consultation with qualified radiological health professionals.

II. LOCAL COMMAND AND CONTROL – LOCAL RESPONDER (RESPONSIBLE POLITICAL SUB-DIVISION)

A. The first responder/incident commander should make every effort to have dispatched to the incident scene someone trained and equipped for managing radiological incidents.

B. Establish facts as to what condition exists and carry out initial response actions as outlined in Section VI.B.

1. The Incident commander (IC) must make an initial assessment of radiation hazards and give appropriate safety instructions to other emergency personnel arriving at the scene.

    a. The Incident Commander must also act to protect the public from radiation exposure. If the initial assessment of radiation hazards indicates the public health and safety may be endangered, the Incident Commander should evaluate the need to evacuate the area.

    b. The decision to evacuate should be a joint consensus of the Incident Commander and the Responsible Political Sub-division Authorities. The Responsible Political Sub-division Authorities will be responsible for warning and implementation of an evacuation.

2. In the case of an accident involving a radioactive shipment, the Incident Commander may rely upon the recommendations provided by the truck driver if knowledgeable and assuming that he is not incapacitated.

3. If a radiation measuring instrument is available (and the individual is trained in its use), readings should be taken to establish minimum safe working distances for identified emergency activities.

    a. Dangerous areas should be cordoned off.

    b. If an instrument is not available, the cordon should be located as far as practicable from any possible radiation source.

    c. Persons should be kept up-wind as much as practical.

4. The initial assessment should include a complete visual inspection made from a safe distance to determine if there may be a container breach. The results of the inspection must be reported to the Responsible Political Sub-division before other activities beyond traffic control and immediate rescue are commenced.

5. If radiological measuring instruments are not immediately available at the scene, contact the nearest Sheriff's Dispatch Office for assistance in requesting these instruments from the Responsible Political Sub-division's Emergency Management Director/Coordinator, who may be able to locate the necessary instruments and obtain help from other persons qualified to advise the Incident Commander such as the State Emergency Response Team (SERT).

6. If the initial assessment indicates no container was breached, the incident may in the judgment of the Incident Commander be handled through normal hazardous material incident procedures, until it is known that there is a radiation hazard.

7. Whether there is a container breach or not, the Incident Commander is to exercise discretion (based upon experience and training), in deciding to attempt rescue or to initiate fire-fighting efforts. As a general guide, a rescue that can be accomplished without requiring an extended period of time should be done without fear of serious radiation injury.

C. Notify the Responsible Political Sub-division, if not already notified.

D. Provide information between the accident scene, the Nebraska Emergency Management Agency (NEMA), assisting State agencies and the Dispatch Center.

E. Coordinate on-scene actions.

F. Provide traffic control.

G. Establish entry and exit control procedures.

H. Detain possibly contaminated persons at the scene unless emergency medical treatment is needed.

I. Transfer responsibility to other authorities when appropriate.

J. Maintain appropriate records.

K. Control sightseers.

III. Containment

A. Contact the Carrier and Shipper

1. Radioactive material releases are the responsibility of the carrier and the shipper of the material.

2. Contact should be established as soon as possible to obtain the resources of the carrier and shipper to handle the emergency.

B. Until representatives of the carrier and shipper arrive at the scene, containment of radioactive materials will be at the discretion of the Responsible Political Sub-division based on advise of the on-scene assessment team (local or SERT), and if requested, in coordination with the Department of Health and Human Services Regulation and Licensure (HHS R&L) technicians.

1. Depending on the type and quantity of material, the techniques used for containment will be chosen to fit the situation.

2. Upon arrival of representatives of the carrier and shipper at the scene, containment of radioactive materials should be determined and accomplished by the carrier and shipper with input from the Responsible Political Sub-division and upon request, from HHS R&L technicians.

C. The Responsible Political Sub-division will take immediate action to establish decontamination sites for personnel and vehicles, and initiate evacuation procedures as required.

IV. MITIGATION AND RECOVERY

A. Cleanup can be accomplished by the carrier and shipper or by a cleanup contractor.

1. It is the responsibility of the Responsible Political Sub-division, and upon request, the Department of Health and Human Services Regulation and Licensure (HHS R&L), to determine the intentions of the responsible party in regards to cleanup.

2. If the carrier and shipper decline to assume responsibility for cleanup arrangements, the Responsible Political Sub-division, and upon request, in consultation with HHS R&L technicians, and as required, in coordination with the Department of Environmental Quality (DEQ), shall contract with a cleanup contractor for mitigation and recovery.

3. A local request for an Emergency Declaration must have been granted by, and prior approval must be obtained from the Governor or the Governor's Authorized Representative (GAR) for use of the Governor's Emergency Fund.

B. The cleanup process should begin as soon after dangers to health, life, and property have been controlled. The Responsible Political Sub-division, and upon request, HHS R&L, in coordination with DEQ, will determine appropriate cleanup actions to be taken.

C. Upon request from the Responsible Political Sub-division HHSS R&L with the assistance of NDEQ will arrange for a cleanup inspection by qualified personnel.

RESPONSIBILITIES

I. SHIPPER, CARRIER, LICENSEE

The shipper, carrier, and licensee must be in compliance with all federal, State, and local laws. They are responsible for notifying the appropriate State authorities of an incident; providing expertise and shipping information to federal, State, and local emergency response personnel; providing equipment and personnel for cleanup of the incident site; and reimbursing State and local emergency response agencies as appropriate.

II. RESPONSIBLE POLITICAL SUB-DIVISION (LOCAL GOVERNMENT)

A. The Responsible Political Sub-division is defined as that local government which authorizes, regulates, or is otherwise deemed responsible for the health, welfare, and protection of property of citizens within the geographical boundaries in which a radioactive materials transportation accident has occurred.

B. Responsible Political Sub-division Authorities have primary responsibility in performing emergency response functions in their respective jurisdictions. Local Emergency Management Directors/Coordinators, Sheriffs/Police Chiefs, and Fire Marshals/Chiefs will provide their usual range of emergency services for a transportation accident involving radioactive materials. This includes the responsibility for having trained radiological monitors, maintaining current rosters of trained personnel and adequate radiological instruments and equipment.

C. In many cases, shippers/carriers/licensees may be unable to exercise their responsibilities quickly enough to protect the public from the consequences of a radiological accident. The Responsible Political Sub-division Authorities must be prepared to effectively initiate life-saving and protective measures. In functional terms related to transportation accidents involving radioactive materials, this includes:

1. Emergency planning

2 Information gathering and exchange

3. Situation analysis

4. Evacuation and shelter of persons threatened

5. Rescue and medical care

6. Supporting radiological monitoring activities

7. Fire fighting

8. Area security

9. Movement control

10. Public information

11. Direct protective countermeasures and decontamination when recommended by appropriate technical authorities

12. Coordination of emergency operational resources

13. Alerting the Nebraska Emergency Management Agency (NEMA) and other government agencies

14. Alerting volunteer and charitable organizations to request additional resources from the State as required.

III. STATE GOVERNMENT

A. Governor

As required by the Nebraska Emergency Management Act of 1996, the Governor is responsible "for meeting the dangers to the State and people caused by disasters, emergencies and civil defense emergencies". In the event of a transportation accident involving radioactive materials which is beyond the control of the Responsible Political Sub-division, the Governor may assume direct operational control over part or all of the Emergency management functions. The Governor may issue disaster proclamations and make, amend, and rescind orders, rules and regulations to accomplish the objectives of the Emergency Management Act.

B. Nebraska Adjutant General and State Emergency Management Director

As required by the Emergency Management Act of 1996, the Nebraska Adjutant General is the State Emergency Management Director. The State Emergency Management Director is designated by the Governor to act as the Governor's Authorized Representative (GAR). Under the direction of the Nebraska emergency Management Director, NEMA is responsible for:

1. Coordinating State agency disaster response in support of Responsible Political Sub-division Authorities

2. Implementing programs for disaster prevention, preparation, response, and recovery, including the establishment of emergency response teams.

3. Coordinating with appropriate Federal agencies.

4. Assisting Responsible Political Sub-division Authorities in emergency planning activities

5. Coordinating disaster operation support functions to include provisions to ensure continuity of resources.

C. Nebraska Emergency Management Agency (NEMA)

NEMA shall have primary responsibility for the planning and response coordination of transportation accidents involving radioactive materials. NEMA will maintain a roster of other Nebraska State agencies which have capabilities and assets to assist in the implementation of this plan. NEMA will maintain a listing of agencies in other states which have agreed to cooperate with the State of Nebraska in the event of a transportation accident involving radioactive materials. In addition, NEMA:

1. Gathers information to evaluate emergency situations and then reports to the Governor. Assists the Governor in the preparation of Proclamations and requests for Federal Assistance, notifies State, volunteer and private agencies and coordinates assistance.

2. Coordinates damage assessment teams. Supports evacuation, shelter and re-entry activities. Assists Responsible Political Sub-division Authorities in carrying out emergency response and recovery actions.

3. Coordinates area emergency management radiological monitoring activities, if required, to support the Department of Health and Human Services Regulation and Licensure (HHS R&L).

4. Coordinates communications support for the field command post (FCP). At the direction of the Governor, coordinates and disseminates warnings.

D. Department of Health and Human Services Regulation and Licensure (HHS R&L)

HHS R&L under the authority of Reissue Revised Statutes of Nebraska (R.R.S.) 71-3513, issues regulations and recommends actions to be taken to respond to radiological emergencies. In addition, HHS R&L responsibilities include:

1. Evaluating health hazards present in a radiological incident.

2. Recommending levels of response to be initiated by the State and Responsible Political Sub-division Authorities.

3. Recommending protective actions to be established for both the public and emergency workers.

4. Providing field teams to accomplish radiological monitoring. Contacts the State Emergency Operations Center (EOC)/FCP if additional monitoring support is required.

5. Collection and maintenance status on all State radiological monitoring activities.

6. Maintaining a record of actual exposure for all agency personnel and estimated exposure for all persons evacuated from radiation hazard areas.

7. After consultation with other appropriate agencies, making recommendations as to decontamination of land and other property.

8. Prior to re-entry of evacuated persons, making a radiological survey and determining if the area is safe for resumed occupancy. Maintaining a monitoring and surveillance program until no further hazard exists.

9. Coordinating with appropriate Federal agencies and with health agency personnel of adjacent states.

10. Issuing individual protection information to the public in coordination with the Nebraska Emergency Management Agency (NEMA).

11. Providing 24-hour dosimetery for the State Field Command Post (FCP) personnel.

12. Establishing procedures for detecting contamination and dose calculation for products in the food chain. If necessary, requesting assistance from agricultural agencies for field operations.

13. Issuing protective action measures to be used for the food chain to include criteria for deciding whether dairy animals and other livestock should be put on protected (stored) feed and water. Coordinates implementation of protective measures with appropriate agricultural agencies.

E. Nebraska State Patrol (NSP).

The Nebraska State Patrol (NSP) is responsible for:

1. Maintaining order and public safety

2. Providing traffic control in disaster area.

3. When required for area security control, implementing the NSP pass system.

4. When required, supporting ground radiological monitoring activities.

5. When required, providing aircraft to support aerial radiological monitoring and other aerial missions calling for specialized police capabilities.

6. Supporting evacuation activities. Staffing traffic control points and assisting other State agencies securing evacuated areas. Assisting Responsible Political Sub-division Authorities in the notification and implementation of evacuation plans.

7. Providing a field communications center for the Field Command Post (FCP). As required, providing field radio communications support.

8. Providing back-up law enforcement support for radiological emergency response operations in the affected areas.

F. Nebraska Department of Environment Quality (DEQ)

1. Provides technical assistance in analyzing immediate and long-term effects of radioactive pollution on the environment.

2. Provides technical assistance and advice on disposal of radioactive debris.

3. Alerts downstream users and recommends protective actions in the event of an incident affecting surface or ground water.

G. Nebraska Department of Roads (DOR)

1. Provides manpower and equipment to support operations in the disaster area.

2. Supports route control during evacuation operations.

3. As required, provides field radio communications support.

4. Organizes and coordinates increased readiness measures directed against the seasonal impassability of roads.

H. Other State Agencies

As directed by the Governor, other Nebraska State governmental agencies shall provide assistance as required by Responsible Political Sub-division Authorities in transportation accidents involving radioactive materials.

VI. FEDERAL GOVERNMENT

A. The Federal Radiological Emergency Response Plan (FRERP) covers any peace time radiological emergency that has actual, potential, or perceived radiological consequences within the U.S. that could require a response by the Federal

Government. The level of the Federal response to a specific emergency will be based on the type and amount of radioactive material involved, the location of the emergency, the impact on people and the environment, and the size of the affected area.

B. The Federal agency that is responsible for leading and coordinating all aspects of the Federal Response is the "Lead Federal Agency" (LFA). The LFA is determined by the type of emergency. See Table I on the following page.

TABLE I
IDENTIFICATION OF LEAD FEDERAL AGENCY (LFA) FOR RADIOLOGICAL EMERGENCIES

TYPE OF EMERGENCY	LEAD FEDERAL AGENCY
1. Nuclear Facility	
a. Licensed by NRC or an Agreement State	**NRC**
b. Owned or Operated by DoD or DOE	**DoD or DOE**
c. Not licensed, Owned, or Operated by a Federal Agency or an Agreement State.	**EPA**
2. <u>Transportation of Radioactive Materials</u>	
a. Shipment of Materials Licensed by the NRC or an Agreement State	**NRC**
b. Materials Shipped by or for DoD or DOE	**DoD or DOE**
c. Shipment of Materials Not Licensed or Owned by a Federal Agency or an Agreement State	**EPA**
3. Satellites Containing Radioactive Materials	**NASA or DoD**
4. Impact from Foreign or Unknown Source	**EPA**
5. Other Types of Emergencies	**LFAs Confer**

• Radiological Sabotage and Terrorism - Sabotage and terrorism are not treated as separated types of emergencies; rather, they are considered a complicating dimension	FBI, LFAs provide interface, coordination, and technical assistance.

C. As can be observed in the table, such agencies as the Nuclear Regulatory Commission (NRC), Department of Defense (DoD), Department of Energy (DOE), Environmental Protection Agency (EPA) and the Federal Bureau of Investigation (FBI) may play a role in emergency responses to radioactive materials accidents. The Department of Transportation (DOT) may also become involved as well. The Federal Emergency Management Agency (FEMA), would become involved in radioactive material transportation accidents due to their coordination role in any Federal emergency response.

1. Federal Emergency Management Agency (FEMA)

During operations conducted under the Federal Radiological Emergency Response Plan (FRERP), FEMA is responsible for:

a. Monitoring the status of the Federal response to requests for non-radiological assistance from the affected States and provide this information to the States.

b. Keeping the Lead Federal Agency (LFA) informed of requests for assistance from the State(s) and the status of the Federal response.

c. Identifying and informing Federal agencies of actual or apparent omissions, redundancies, or conflicts in response activity.

d. Establishing and maintaining a source of integrated, coordinated information about the status of all non-radiological resource support activities.

e. Providing other non-radiological support to Federal Agencies responding to the emergency.

2. Nuclear Regulatory Commission (NRC)

NRC is responsible for inspection and investigation of all facilities licensed under the Federal Atomic Energy Statutes. In addition, NRC:

a. Provides assistance in Federal radiological monitoring and assessment activities during incidents.

b. Provides, where available, continuous measurement of ambient radiation levels around NRC licensed facilities, primarily power reactors using thermoluminescent dosimeters (TLD).

3. Department of Defense (DoD)

a. Provides radiological resources to include trained response personnel, specialized radiation instruments, mobile instrument calibration, repair capabilities, and expertise in site restoration.

b. Performs special sampling of airborne contamination on request.

4. Department of Energy (DOE)

Serves as the lead Federal agency for coordinating the development and issuance of interagency instructions and guidance to implement the Federal Radiological Monitoring and Assessment Plan (FRMAP) and activate the Federal Radiological Monitoring and Assessment Center (FRMAC). The Federal Radiological Monitoring and Assessment Plan (FRMAP), provides the framework through which participating Federal agencies will coordinate their emergency radiological monitoring and assessment activities with those of State and Responsible Political Sub-division Authorities.

5. Environmental Protection Agency (EPA)

Prior to assuming responsibility for the Federal radiological Monitoring and assessment Center from the Federal DOE, EPA will provide resources, including personnel, equipment, and laboratory support (including mobile laboratories), to assist the Federal DOE in monitoring radioactivity levels in the environment.

a. Assumes coordination of Federal radiological monitoring and assessment responsibilities from the Federal DOE after an agreed to transition period.

b. Assists in the development and implementation of a long-term monitoring plan.

6. Federal Bureau of Investigation (FBI)

The Atomic Energy Act directs the FBI to investigate all alleged or suspected criminal violations of the Act. Additionally, the FBI is legally responsible for locating any nuclear weapon, device, or material and for restoring nuclear facilities to their rightful custodians. In accordance with plans and agreements with the Lead Federal Agencies (LFAs), the FBI will coordinate and manage the technical portion of the response. The FBI will activate/request assistance under the Federal Radiological Emergency Response Plan (FRERP) for measures to protect the public health and safety

in those situations where a LFA has not specifically been designated (e.g. improvised nuclear device). In all such cases, the FBI will manage and direct the law enforcement and intelligence aspects of the response; coordinating activities with appropriate Federal, State and Responsible Political Sub-division Authorities within the framework of the FRERP and as provided for in established agreements or plans.

7. Department of Transportation (DOT)

During operations conducted under the FRERP, the Department of Transportation (DOT):

a. Provides expertise on all modes of transporting hazardous substances, including information on the requirements for packaging, handling, and transporting of regulated hazardous materials, including radioactive materials.

b. Provides civil transportation assistance and support as appropriate and consistent with statutory responsibilities to State and cognizant jurisdictions.

c. Coordinates the Federal civil transportation response in support of emergency transportation plans and actions to State and cognizant jurisdictions.

FEDERAL RESOURCES

I. Hazardous Materials Response Unity (HMRU).

The HMRU has specialized sampling, detection and identification capabilities of Nuclear, Biological, and Chemical (NBC) agents. Also equipped with a variety of personal equipment.

II. (FEMA) Rapid Response Information System (RRIS).

The RRIS is a database containing information on Federal Nuclear, Biological and Chemical (NBC) response capabilities, agents and munitions characteristics, and safety precautions.

III. U.S. Health and Human Services' National Medical Response Team (NMRT).

The NMRT are comprised of medical personnel. These teams are capable of agent identification, patient decontamination, triage and medical treatment in support of local health systems.

IV. Environmental Protection Agency (EPA)

A. On-Scene Coordinators (OSCs). Under the authority of the National Contingency Plan, the EPA OSCs coordinate all Federal containment, removal and disposal efforts and resources during an incident. EPA OSCs work with State, Responsible Political Sub-division Authorities, and private responders to protect human health and the environment.

B. Radiological Emergency Response Team (RERT). The EPA's RERT can provide on-site monitoring and mobile laboratories for field analysis of samples, along with expertise in radiation health physics and risk assessment. The RERT is available 24 hours per day.

C. Environmental Radiation Ambient Monitoring System (ERAMS). The EPA operates the ERAMS for monitoring radioactivity in samples of precipitation, air, surface water, drinking water, and milk.

D. Radiation Environmental Laboratories. The EPA has two state-of-the-art radiological laboratories in Montgomery, AL and Las Vegas, NV. By quickly characterizing radiation sources, they can offer advice on how best to protect public health in emergency situations.

V. Department of Energy (DOE)

A. Radiological Assistance Program (RAP). The RAP provides the initial DOE radiological emergency response. Under the Radiological Assistance Program (RAP), there are several Radiological Assistance Teams (RATs) to assist in identifying the presence of radioactive contamination on personnel, equipment and property at the accident or incident scene. These teams also provide advice on personnel monitoring, decontamination, and material recovery. Assistance from the Federal Department of Energy (DOE) Radiological Assistance Team (RAT) out of Chicago, IL should be requested at (630) 252-4800 where it appears that radioactive materials may have been released during a transportation accident involving nuclear weapons.

B. Radiation Emergency Assistance Center/Training Site (REAC/TS). The REAC/TS provides 24-hour medical consultation on health problems associated with radiation accidents. It also provides training programs for, and emergency response teams comprised of health professionals.

C. Nuclear Emergency Search Team (NEST). The NEST provides technical response to the resolution of incidents involving improvised nuclear devices (INDs) and radiation dispersal devices (RDDs). The team is able to search, locate, and identify devices or material.

D. Aerial Measuring System (AMS). The AMS provides helicopters and fixed wing aircraft to respond to radiological emergencies. Its capabilities include aerial radiation surveys and search (gamma spectroscopy), real-time radiological aerial sampling, aerial photography survey, and aerial multi-spectra scanning surveys.

E. Atmospheric Release Advisory Capability (ARAC). The ARAC provides real-time computer predictions of the atmospheric transport of radioactivity from the nuclear accident or incident.

F. Federal Radiological Monitoring and Assessment Center (FRMAC). The FRMAC coordinates Federal off-site radiological monitoring and assessment activities for a nuclear accident or incident.

G. Accident Response Group (ARG). The ARG is the technical response group for U.S. nuclear weapons accidents. The team provides equipment and technical assistance for weapon damage, risk assessment, safe recovery, packaging, transportation, and disposal of damaged weapons.

VI. Additional Federal Resources, that are available, are listed in the Federal Radiological Emergency Response Plan (FRERP).

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